# **SEEC FORM 30**

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



# Electronic Filing

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# **COVER PAGE**

1.NAME OF COMMITTEE						2. TYP	PE OF COMMITTEE		
Mckinney For Governor						x	Candidate Committee Exploratory Committee		
3. TREASURER NAME									
First Thomas			МI <b>м.</b>	Last Flynn			Suffix		
4. TREASURER ADDRESS									
Street Address 87 Coral Rd		City Fairfie	eld		State CT		Zip Code <b>06824</b>		
5. ELECTION DATE	6. OFFICE SOUGHT ( Ca	omplete or	nly if Candidate	Committee)	•	7. DISTR	ICT NUMBER ( if applicable		
11/04/2014	Governor								
8. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Co	ommittee	e)						
First <b>John</b>			MI P.	Last McKinney			Suffix		
9. TYPE OF REPORT									
Itemized Statement accompanying	3 application for Publ	lic Grar	nt - Amendı	ment					
10. PERIOD COVERED									
	Beginning Date			Ending Date					
	04/01/2014	thru	) ي	06/24/2014					
11 CERTIFICATION									
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.									
Electronic Filing	Robert Russo			<b>07</b> ,	/07/2014 1	1:27:17AI	м		
SIGNATURE	PRINT NAME OF THE	E SIGNF	ΞR	DAT	TE CERTIFIED	1			
PENA	LTY FOR FALSE STATEM			E BY FINE NOT TO EXCEED : AN ONE YEAR, OR BOTH.	\$1,000, OR IM	1PRISONME	NT		

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

# **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE	TYPE OF REPORT	TYPE OF REPORT				
Mckinney For Governor	Itemized Statement accompanying application Amendment	on for Public Grant -				
	COLUMN A This Period	COLUMN B Aggregate				
12. Balance on hand from day Committee was formed		\$0.00				
13. Balance on hand at the beginning of Reporting Period	\$69,664.56					
14. Contributions received from Individuals (Section A and B)	\$30,865.00	\$210,776.11				
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00				
16. Other Monetary Receipts (Section D through I)	\$0.00	\$100.00				
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00				
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$30,865.00	\$210,876.11				
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$100,529.56	\$210,876.11				
20. Expenses Paid by Committee (Section N)	\$81,980.09	\$192,326.64				
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$18,549.47	\$18,549.47				
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$2,388.16				
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00				
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00				
25. Receipts of Organization Expenditures (Section M) OPTIONAL	\$0.00	\$0.00				
26. Beginning Loan Balance	\$0.00					
26a. + Loans Received (Section D)	\$0.00	\$0.00				
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00				
26c Payments on Loan(s)	\$0.00	\$0.00				
26d. Total Outstanding Loan Amount	\$0.00					
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00				
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00				
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$22,962.04					
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$22,962.04					

							Page 3 01 137
	I. MONETARY RECEIPTS	S (Se	ection A-I)				
NAME OF COMMITTEE (Provide Complete Na	ame as Registered with Commission)			TY	PE OF REPORT		
Mckinney For Governor				Itemized Statement accompanying application for Public Grant - Amendment			
A. Total Contributions from Small Co	ontributors-Received this Perio	d O	NLY		For Nonpartic \$0.00	ipating Cand	idates ONLY
	B. Itemized Contributions from	n Ind	lividuals				
Last Name		First				MI	Contribution ID #
Johnson			Maria			Α	2074
Residential Street Address		City				State	Zip Code
86 Old Tpke			Northford			СТ	06472
Principal Occupation			Name of Employer	r			
Is contributor a principal of a state contractor or prospective state c	contractor? Yes X No	)	Is contributor a lo dependent child of		se, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	Executive Legislative				x No		
government the contract is with:	Method of contribution:	Date	Received	Aggregate	Contributions		
fundraising event listed in Section J1?							
X No L	Cash X Personal Check	04/0	01/2014		\$100.00		\$100.00
If yes, list Event #	Money Order Credit/Debit Card	,	,				
Last Name		First				MI	Contribution ID #
Aresco			L.			Α	2075
Residential Street Address		City				State	Zip Code
75 Albion Ave			West Haven			СТ	06516
Principal Occupation			Name of Employer	r			•
Is contributor a principal of a state contractor or prospective state c	contractor? Yes X No	,	Is contributor a lo dependent child of		se, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	Executive Legislative		dependent child of	a loodyist?	x <sub>No</sub>		
government the contract is with:	Method of contribution:	Date	Received	Aggregate	Contributions		
fundraising event listed in Section J1?				20 -0			
If yes, list Event #	Cash Personal Check Money Order Credit/Debit Card	04/0	01/2014		\$100.00		\$100.00
Last Name		First				MI	Contribution ID #
<del>Johnson</del>			Nancy			Ł	<del>2078</del>
Residential Street Address		City				State	Zip Code
141 S Mountain Dr			New Britain			<del>CT</del>	<del>06052</del>
Principal Occupation	•		Name of Employer	r			•
Pric. Advisor			B. D. V	V. PC			
Is contributor a principal of a state contractor or prospective state c	contractor? Yes X No	)	Is contributor a lo dependent child of		se, or Yes	Amou	nnt of Contribution
If yes, indicate which branch or branches of government the contract is with:	Executive Legislative				x No		
Is this contribution associated with a fundraising event listed in Section J1?	Method of contribution:	Date	Received	Aggregate	Contributions		
If yes, list Event #	Cash Personal Check Money Order Credit/Debit Card	04/4	01/2014		<del>\$200.00</del>		<del>\$100.00</del> -
V V = 1 1 1 1		L					

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I. MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		· · · · · · · · · · · · · · · · · · ·	TYPE OF REPORT		
Mckinney For Governor			Itemized Statement accompan	nying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuale	Grant - Amendment		
Last Name	First	iiviuuais		MI	Contribution ID #
Francis	FIISt	Meg		IVII	2152
Residential Street Address	City	ricg		State	Zip Code
170 Pell Meadow Dr		Fairfield		СТ	06824
Principal Occupation		Name of Employ	er		
Econ. Dev. Agent		State	of CT		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If was indicate which branch or branches of	o l	dependent child of	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	0.44	04 /204 4	+50.00		+50.00
If yes, list Event # 06092014A No Money Order Credit/Debit Card	04/0	01/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Candido	1 1130	Mark		A	2140
Residential Street Address	City	Tidik		State	Zip Code
55 Laurel Wood Ln		Hamden		СТ	06518
Principal Occupation	_	Name of Employ	er		!
Banker		Q. B.	& T. Co.		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?		
government the contract is with:			x <sub>No</sub>	]	
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check					
If yes, list Event #	04/0	01/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Smith	11130	Elizabeth		IVII	2301
Residential Street Address	City			State	Zip Code
37 Holly Ln	,	Darien		СТ	06820
Principal Occupation	•	Name of Employ	er		
RETIRED		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ınt of Contribution
If yes, indicate which branch or branches of		dependent child of			
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	04/	01/2014	\$200.00		\$100.00
If yes, list Event # No Money Order X Credit/Debit Card	04/1	01/2014	\$200.00		\$100.00
Last Name	First			MI	Contribution ID #
Bond		Debra			2217
Residential Street Address	City			State	Zip Code
493 Buckland Dr		Cheshire		СТ	06410
Principal Occupation	•	Name of Employ	er	•	
Nurse		Chesh	nire Academy		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	1 a 1000yist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	047	01/2014	#100.00		¢100 00
If yes_list Event # Money Order Credit/Debit Card	I 04/1	01/2014	\$100.00	I	\$100.00

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT				
Mckinney For Governor			Itemized Statement accompan	ying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuals	Grant - Amendment		
Last Name	First			MI	Contribution ID #
Engel		Frederik			2239
Residential Street Address	City			State	Zip Code
9 Cricklewood Rd		Redding		СТ	06896
Principal Occupation		Name of Employe	er		•
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or  General Advanced Yes	Amou	ant of Contribution
If was indicate which branch or branches of		dependent child o	a lobbyist?		
government the contract is with:			x No		
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check					
If yes, list Event #	04/0	01/2014	\$100.00		\$100.00
Last Name	First	•		MI	Contribution ID #
Ciaccio	FIISt	George		J	2238
Residential Street Address	City	George		State	Zip Code
20 Freedom Way	City	Shelton		CT	06484
Principal Occupation		Name of Employe	er	<u> </u>	00.01
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or Yes	Amou	ant of Contribution
	0	dependent child o	a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31:					
If yes, list Event # Cash Cash Personal Check  Money Order Credit/Debit Card	04/0	01/2014	\$100.00		\$100.00
	I .				I
Last Name	First			MI	Contribution ID #
Pacilio Pacilio	City	Thomas		Ct-t-	2302
Residential Street Address  60 Clapboard Ridge Hill Rd	City	Westport		State CT	Zip Code 06880
Principal Occupation	<u> </u>	Name of Employe	or	CI	00000
Wealth Management		Self	•		
			obbyist, spouse, or	Amou	ınt of Contribution
Yes 🔼 N	О	dependent child o			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event fisted in Section 31?					
If yes, list Event # Cash Credit/Debit Card	04/0	01/2014	\$100.00		\$100.00
In you, in 2 teams of the care					
Last Name	First			MI	Contribution ID #
Goldman		John			2303
Residential Street Address	City			State	Zip Code
7 Pritchard Ln	Щ,	Westport		СТ	06880
Principal Occupation		Name of Employe			
Attorney  Is contributor a principal of a state contractor or prospective state contractor?			bbyist, spouse, or	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child o	Vac	Amot	an or Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	I				
If yes, list Event # Cash Personal Check  No No Money Order X Credit/Debit Card	04/0	01/2014	\$100.00		\$100.00

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L MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(		TYPE OF REPORT				
Mckinney For Governor			Itemized Statement accompan Grant - Amendment	ying applicat	ion for Public		
B. Itemized Contributions from	m Ind	lividuals	Grant - Amendment				
Last Name	First			MI	Contribution ID #		
Walker		Wayne		Р	2220		
Residential Street Address	City			State	Zip Code		
425 Route 197		Woodstock		СТ	06281		
Principal Occupation		Name of Employ	er				
Retired		Retire	ed				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		dependent child of					
government the contract is with:  Is this contribution associated with a Method of contribution:  Method of contribution:	Data	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
X No Cash X Personal Check	04/0	01/2014	\$25.00		\$25.00		
If yes, list Event #	047	31/2014	\$25.00		¥23.00		
Last Name	First			MI	Contribution ID #		
Johnson		Nancy		L	2078		
Residential Street Address	City			State	Zip Code		
310 Seabury Dr		Bloomfield		СТ	06002		
Principal Occupation		Name of Employ	er	-	-		
Pric. Advisor		B. D.	W. PC				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?				
government the contract is with:			x No				
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions				
Cash X Personal Check	۱ ـ ـ .		****				
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	04/	01/2014	\$100.00	!	\$100.00		
If yes, list Event # No Money Order Credit/Debit Card		01/2014	\$100.00				
X No	04/		\$100.00	MI	Contribution ID #		
If yes, list Event # No Money Order Credit/Debit Card  Last Name		<b>01/2014</b> John	\$100.00				
If yes, list Event # No Money Order Credit/Debit Card  Last Name  Marvell	First		\$100.00	MI L	Contribution ID #		
If yes, list Event # No Money Order Credit/Debit Card  Last Name  Marvell  Residential Street Address	First	John	·	MI L State	Contribution ID # 2245 Zip Code		
If yes, list Event # No Money Order Credit/Debit Card  Last Name  Marvell  Residential Street Address  40 Washington St	First	John Milford	er	MI L State	Contribution ID # 2245 Zip Code		
If yes, list Event # No Money Order Credit/Debit Card  Last Name  Marvell  Residential Street Address  40 Washington St  Principal Occupation  Clerk	First	John Milford Name of Employ State Is contributor a l	er of CT obbyist, spouse, or	MI L State CT	Contribution ID # 2245 Zip Code		
If yes, list Event #  Last Name  Marvell  Residential Street Address  40 Washington St  Principal Occupation  Clerk  Is contributor a principal of a state contractor or prospective state contractor?  Yes X N	First	John Milford Name of Employ State	er of CT obbyist, spouse, or of a lobbyist?  Yes	MI L State CT	Contribution ID # 2245 Zip Code 06460		
If yes, list Event #  Last Name  Marvell  Residential Street Address 40 Washington St  Principal Occupation Clerk  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  Credit/Debit Card  Credit/Debit Card  Legislative	First	John  Milford  Name of Employ  State  Is contributor a l dependent child of	er of CT obbyist, spouse, or of a lobbyist?  Yes  X No	MI L State CT	Contribution ID # 2245 Zip Code 06460		
If yes, list Event #  Last Name  Marvell  Residential Street Address 40 Washington St  Principal Occupation Clerk  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a  Method of contribution:	First	John Milford Name of Employ State Is contributor a l	er of CT obbyist, spouse, or of a lobbyist?  Yes	MI L State CT	Contribution ID # 2245 Zip Code 06460		
If yes, list Event #  Last Name  Marvell  Residential Street Address  40 Washington St  Principal Occupation  Clerk  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?	First City  Date	John  Milford  Name of Employ  State  Is contributor a l dependent child of	er  of CT  obbyist, spouse, or  of a lobbyist?   X  No  Aggregate Contributions	MI L State CT	Contribution ID # 2245 Zip Code 06460 unt of Contribution		
If yes, list Event #  Last Name  Marvell  Residential Street Address  40 Washington St  Principal Occupation  Clerk  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?	First City  Date	John  Milford  Name of Employ  State  Is contributor a l dependent child of	er of CT obbyist, spouse, or of a lobbyist?  Yes  X No	MI L State CT	Contribution ID # 2245 Zip Code 06460		
If yes, list Event #  Last Name  Marvell  Residential Street Address  40 Washington St  Principal Occupation  Clerk  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  Yes  X No  Method of contribution:  Cash  A Personal Check  If yes, list Event #  Money Order  Credit/Debit Card	First City  Date 04/0	John  Milford  Name of Employ  State  Is contributor a l dependent child of	er  of CT  obbyist, spouse, or  of a lobbyist?   X  No  Aggregate Contributions	MI L State CT	Contribution ID # 2245 Zip Code 06460  int of Contribution  \$25.00		
If yes, list Event #  Last Name  Marvell  Residential Street Address 40 Washington St  Principal Occupation Clerk  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  Last Name    Money Order   Credit/Debit Card	First City  Date	John  Milford  Name of Employ State  Is contributor a l dependent child of Received	er  of CT  obbyist, spouse, or  of a lobbyist?   X  No  Aggregate Contributions	MI L State CT	Contribution ID # 2245 Zip Code 06460 ant of Contribution \$25.00 Contribution ID #		
If yes, list Event #  Last Name  Marvell  Residential Street Address  40 Washington St  Principal Occupation  Clerk  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  Yes  X No  Method of contribution:  Cash  A Personal Check  If yes, list Event #  Money Order  Credit/Debit Card	First City  Date 04/(	John  Milford  Name of Employ  State  Is contributor a l dependent child of	er  of CT  obbyist, spouse, or  of a lobbyist?   X  No  Aggregate Contributions	MI L State CT Amou	Contribution ID # 2245 Zip Code 06460 unt of Contribution  \$25.00  Contribution ID # 2240		
If yes, list Event #  Last Name  Marvell  Residential Street Address  40 Washington St  Principal Occupation  Clerk  Is contributor a principal of a state contractor or prospective state contractor?	First City  Date 04/0	John  Milford  Name of Employ State  Is contributor a l dependent child of Received	er  of CT  obbyist, spouse, or  of a lobbyist?   X  No  Aggregate Contributions	MI L State CT	Contribution ID # 2245 Zip Code 06460 ant of Contribution \$25.00 Contribution ID #		
If yes, list Event #  Last Name  Marvell  Residential Street Address  40 Washington St  Principal Occupation  Clerk  Is contributor a principal of a state contractor or prospective state contractor?	First City  Date 04/(	John  Milford  Name of Employ  State  Is contributor a l dependent child of  Received  02/2014  Emily	er of CT obbyist, spouse, or of a lobbyist?  X No Aggregate Contributions \$25.00	MI L State CT Amou	Contribution ID # 2245 Zip Code 06460  ant of Contribution  \$25.00  Contribution ID # 2240 Zip Code		
If yes, list Event #    Last Name	First City  Date 04/(	John  Milford  Name of Employ State  Is contributor a l dependent child of  Received  02/2014  Emily  New Canaan	er of CT obbyist, spouse, or of a lobbyist?  X No Aggregate Contributions \$25.00	MI L State CT Amou	Contribution ID # 2245 Zip Code 06460  ant of Contribution  \$25.00  Contribution ID # 2240 Zip Code		
If yes, list Event #    Last Name	First City  Date 04/(  First	John  Milford  Name of Employ State  Is contributor a I dependent child of the contributor and the contrib	er of CT obbyist, spouse, or of a lobbyist?  X No Aggregate Contributions \$25.00	MI L State CT	Contribution ID # 2245 Zip Code 06460  ant of Contribution  \$25.00  Contribution ID # 2240 Zip Code		
If yes, list Event #    Last Name	First City  Date 04/(  First	John  Milford  Name of Employ State  Is contributor a l dependent child of the contributor of the contributo	er of CT obbyist, spouse, or of a lobbyist?  X No Aggregate Contributions \$25.00  er obbyist, spouse, or of a lobbyist?  Yes	MI L State CT	Contribution ID # 2245 Zip Code 06460  ant of Contribution  \$25.00  Contribution ID # 2240 Zip Code 06840		
If yes, list Event #    Last Name	First City  Date 04/(  First	John  Milford  Name of Employ State  Is contributor a I dependent child of the contributor and the contrib	er of CT obbyist, spouse, or of a lobbyist?  X No Aggregate Contributions \$25.00	MI L State CT	Contribution ID # 2245 Zip Code 06460  ant of Contribution  \$25.00  Contribution ID # 2240 Zip Code 06840		
If yes, list Event #	First City  Date 04/0  City	John  Milford  Name of Employ State  Is contributor a I dependent child of the contributor and the contrib	er of CT obbyist, spouse, or of a lobbyist?  X No Aggregate Contributions \$25.00  er obbyist, spouse, or of a lobbyist?  Yes	MI L State CT	Contribution ID # 2245 Zip Code 06460  ant of Contribution  \$25.00  Contribution ID # 2240 Zip Code 06840		
If yes, list Event #	First City  Date 04/0  First City	John  Milford  Name of Employ State  Is contributor a l dependent child of the contributor and the contrib	er of CT obbyist, spouse, or of a lobbyist?  X No  Aggregate Contributions \$25.00  er  er obbyist, spouse, or of a lobbyist?  Yes X No	MI L State CT Amou	Contribution ID # 2245 Zip Code 06460  ant of Contribution  \$25.00  Contribution ID # 2240 Zip Code 06840		

I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  Mckinney For Governor  Itemized Statement accompanying application for Public						
Mckinney For Governor			Grant - Amendment	iying applicat	on for Public	
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
POLIO		DENNIS			2304	
Residential Street Address	City			State	Zip Code	
259 High Plains Dr	L	Orange		СТ	06477	
Principal Occupation  Syracuse University		Name of Employ stude				
			obbyist, spouse, or	Amou	ant of Contribution	
Yes X N	0	dependent child of	of a lobbyist?			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>			
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?  Cash  Personal Check						
If yes, list Event # No Money Order X Credit/Debit Card	04/	03/2014	\$75.00		\$50.00	
Last Name	First			MI	Contribution ID #	
Dey	First	Deirdre		S	2141	
Residential Street Address	City	Deliare		State	Zip Code	
60 Richard Sweet Dr		Woodbridge		СТ	06525	
Principal Occupation	•	Name of Employ	er		•	
Insurance Agent		Georg	je J. Sinata & Son			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ınt of Contribution	
If yes, indicate which branch or branches of		dependent child of	or a robbyrst?			
government the contract is with:  Executive Legislative	I 5 .	D				
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions			
X No Cash X Personal Check	04/	03/2014	\$100.00		\$100.00	
If yes, list Event #	J .,	03,2011	Ψ100.00		<del></del>	
Last Name	First			MI	Contribution ID #	
Goodman		Gene			2242	
Residential Street Address	City			State	Zip Code	
327 Old Norwalk Rd		New Canaan		СТ	06840	
Principal Occupation		Name of Employ	er			
Self		Self	-11	A	unt of Contribution	
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	obbyist, spouse, or	Amot	nt of Contribution	
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>			
government the contract is with.  Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions	1		
Tundraising event listed in Section 31?						
If yes, list Event # Cash Cash Personal Check  Money Order Credit/Debit Card	04/	04/2014	\$50.00		\$50.00	
	Б			L		
Last Name Hickey	First	Helene		MI	Contribution ID # 2244	
Residential Street Address	City	Helefie		State	Zip Code	
47 Strathmore Ln		Westport		СТ	06880	
Principal Occupation		Name of Employ	er	!		
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of		dependent child of	a loodyist?			
government the contract is with:	D.	Di1				
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions			
X No Cash X Personal Check	04/	04/2014	\$10.00		\$10.00	
If yes_list Event # Money Order Credit/Debit Card	1			ı		

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`		TYPE OF REPORT		
Mckinney For Governor			Itemized Statement accompan	ying applicat	on for Public
B. Itemized Contributions from	n Ind	lividuals	Grant - Amendment		
Last Name	First			MI	Contribution ID #
Witkins		James		Р	2233
Residential Street Address	City			State	Zip Code
73 Joshua Ln		Lyme		СТ	06371
Principal Occupation		Name of Employ	er		
Retired		Retire	d		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or  General Advanced Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tunidasing event instead in Section 31:					
If yes, list Event # Cash Credit/Debit Card	04/0	04/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Adorino		Michael		S	2231
Residential Street Address	City			State	Zip Code
30 Kenrose Ter	Щ,	Westbrook		СТ	06498
Principal Occupation		Name of Employ	er		
Sales		Gross			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	Is contributor a l dependent child of	obbyist, spouse, or  of a lobbyist?  Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent enna e			
government the contract is with:  Executive Legislative	لــا				
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check					
If yes, list Event # Money Order Credit/Debit Card	04/0	04/2014	\$100.00		\$100.00
T. AV	F: .				G (3 ) B #
Last Name McDormott	First	David		MI	Contribution ID #
McDermott Residential Street Address	City	David		State	2279
53 Foxboro Rd	City	Essex		CT	Zip Code 06426
Principal Occupation	<u>.                                    </u>	Name of Employ	or	Ci	00420
Owner			McDermott Auto Group		
T			obbyist, spouse, or	Amou	nt of Contribution
Yes X No.	0	dependent child of		711100	nt of Controution
If yes, indicate which branch or branches of  Executive  Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No X Cash Personal Check	04/0	04/2014	\$100.00		\$100.00
If yes, list Event #			·		
Last Name	First			MI	Contribution ID #
Izzo, Sr.		John			2241
Residential Street Address	City			State	Zip Code
56 Richmondville Ave		Westbrook		СТ	06880
Principal Occupation		Name of Employ	er		
Retired		Retire	d		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or  See Jahlania 2	Amou	nt of Contribution
	υ	dependent child of	i a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
Tunidasing event instead in Section 31:					
If yes list Event # Cash Credit/Debit Card	04/0	05/2014	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Mckinney For Governor			Itemized Statement accompan	ying applicat	ion for Public			
B. Itemized Contributions from	m Ind	lividuals	Grant - Amendment					
Last Name	First			MI	Contribution ID #			
Ruppenicker		Harry		Р	2226			
Residential Street Address	City	<u> </u>		State	Zip Code			
17 Hammock Rd		Westbrook		СТ	06498			
Principal Occupation		Name of Employ	er					
Office Manager		Harry	's Marine Repair					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event instead in Section 31:								
X No	04/0	05/2014	\$25.00		\$25.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Illingworth		William		J	2257			
Residential Street Address	City			State	Zip Code			
175 S End Rd		East Haven		CT	06512			
Principal Occupation		Name of Employ	er					
State Marshall		Self		_				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions					
Tunidialising event instead in Section 71:								
If yes, list Event # Cash Cash Personal Check  Money Order Credit/Debit Card	04/0	05/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Cappelloni		Frank			2260			
Residential Street Address	City			State	Zip Code			
122 Allison Way	<u> </u>	East Haven		СТ	06512			
Principal Occupation		Name of Employ						
Retired		Retire	-					
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No	o	dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with:  Is this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	04/	05/2014	\$125.00		\$100.00			
If yes, list Event # Money Order	04/1	33/2014	\$125.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Silvestrini	1 1150	Britney		1411	2229			
Residential Street Address	City	Difficey		State	Zip Code			
50 Kingfisher Ln	City	Westbrook		CT	06498			
Principal Occupation	-	Name of Employ	er	C.	1 00 130			
Nutritionist			Jniversity					
			-liberiat en ence	Amou	ant of Contribution			
Yes X No	0	dependent child of						
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Mathod of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
X No   State   State	04/0	05/2014	\$100.00		\$100.00			
If yes, list Event #	1			i				

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I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT				
Mckinney For Governor			Itemized Statement accompan Grant - Amendment	ying applicat	ion for Public		
B. Itemized Contributions from	n Ind	lividuals	Grant - Americanion				
Last Name	First			MI	Contribution ID #		
Silvestrini		Michael		Р	2230		
Residential Street Address	City			State	Zip Code		
50 Kingfisher Ln		Westbrook		СТ	06498		
Principal Occupation		Name of Employ	er				
CEO		Greer	skies				
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of		dependent child of					
government the contract is with:  Is this contribution associated with a Method of contribution:  Method of contribution:	Dete	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
X No Cash X Personal Check	04/	05/2014	\$100.00		\$100.00		
If yes, list Event # Money Order Credit/Debit Card	04/1	03/2014	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Giannotti		John			2237		
Residential Street Address	City			State	Zip Code		
71 Pratt Rd		Clinton		СТ	06413		
Principal Occupation		Name of Employ	er		1		
Builder		Self					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or  Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?				
government the contract is with:  Executive Legislative			x <sub>No</sub>				
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions				
iundraising event listed in Section J1?							
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	04/0	05/2014	\$100.00		\$100.00		
T. AV	F: .			\ <i>a</i>	Louis Bu		
Last Name Linares	First	Robin		MI L	Contribution ID # 2234		
Residential Street Address	City	KUDIII		State	Zip Code		
242 Toby Hill Rd	City	Westbrook		CT	06498		
Principal Occupation		Name of Employ	er	C.	00130		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution		
If yes, indicate which branch or branches of	)	dependent child of	*				
government the contract is with:  Executive Legislative			x No				
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
Tundraising event listed in Section 31?							
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	04/0	05/2014	\$100.00		\$100.00		
T. O.	F: .			\n_	Louis Bu		
Last Name Linares	First	Luic		MI A	Contribution ID # 2235		
Residential Street Address	City	Luis		State	Zip Code		
242 Toby Hill Rd	City	Westbrook		CT	06498		
Principal Occupation		Name of Employ	er	<u> </u>	00.50		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of	,	dependent child of	or a robbyist?				
government the contract is with:			x <sub>No</sub>				
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions				
Tulidasing event instead in Section 71:							
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	04/0	05/2014	\$100.00		\$100.00		

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I. MONETARY RECEIPT	S (Se	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	1: 4:	an fan Dublia
Mckinney For Governor			Itemized Statement accompan Grant - Amendment	iying applicati	on for Public
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Foster		David		G	2236
Residential Street Address	City			State	Zip Code
50 Old Salt Works Rd		Westbrook		СТ	06498
Principal Occupation		Name of Employ	er		
		Wilco	x Fuel		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tunidasing event instead in Section 31:					
If yes, list Event # Cash Credit/Debit Card	04/0	05/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Foster		Bonnie			2228
Residential Street Address	City			State	Zip Code
50 Old Salt Works Rd		Westbrook		СТ	06498
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	<u> </u>		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions		
tundraising event listed in Section J1?					
If yes, list Event # Cash Credit/Debit Card	04/0	05/2014	\$100.00		\$100.00
				l	
Last Name	First			MI	Contribution ID #
Wacker		Marcus		L	2232
Residential Street Address	City			State	Zip Code
43 Sheffield St		Old Saybrool	<	СТ	06475
Principal Occupation		Name of Employ	er		
Finaneral		Self			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent cinia (	*		
government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check					
If yes, list Event # Money Order Credit/Debit Card	04/0	05/2014	\$100.00		\$100.00
				l	
Last Name	First			MI	Contribution ID #
almour		jay			2305
Residential Street Address	City			State	Zip Code
33 Lockley Ct		Mountain Lak		NJ	07046
Principal Occupation		Name of Employ	er		
RETIRED		N/A	11.14		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of			x No		
government the contract is with:  Executive Legislative	Б.	D : 1			
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check		05/2014	+100.00		±100.00
If yes, list Event # No Money Order X Credit/Debit Card	04/0	05/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	I TYPE OF PERONT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	wing applicat	ion for Dublic
Mckinney For Governor			Itemized Statement accompar Grant - Amendment	nying applicat	ion for Public
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
MDizon		Theresa			2227
Residential Street Address	City			State	Zip Code
28 Wellington Dr		Farmington		СТ	06032
Principal Occupation		Name of Employ	er	-	•
Travel Counselor		Amer	ican Express Business Travel		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution
	)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a	Date	Received	Aggregate Contributions	1	
Tunidasing event listed in Section 31:					
Ŭ No ☐	04/	05/2014	\$50.00		\$50.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
<del>Spitzer</del>		Horton		S	<del>2082</del>
Residential Street Address	City			State	Zip Code
<del>PO Box 1307</del>		Wilson		₩Y	<del>83014</del>
Principal Occupation		Name of Employ	er		
Retired		Retire			
			obbyjet enouge or	Amor	ınt of Contribution
is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of	Vac	111100	an or commodition
If yes, indicate which branch or branches of Executive Legislative			x No		
government the contract is with:  Is this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
Cash Personal Check		05/004/	1000.00		
If yes, list Event # No Money Order Credit/Debit Card	04/4	<del>05/2014</del>	<del>\$200.00</del>		<del>\$100.00</del>
1					1
Last Name	First			MI	Contribution ID #
Ketelsen		Carole		Α	2225
Residential Street Address	City			State	Zip Code
PO Box 254		Westbrook		СТ	06498
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution
If we sindicate which branch or branches of		dependent child of	or a roodyrst:		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions		
Tandarasing event insect in Section 71:					
If yes, list Event # Cash Credit/Debit Card	04/	05/2014	\$25.00		\$25.00
in yes, list Event #					
Last Name	First			MI	Contribution ID #
Piecuch		Gregory		W	2243
Residential Street Address	City			State	Zip Code
3 Michael Rd		Simsbury		СТ	06070
Principal Occupation		Name of Employ	er	•	•
Attorney		Kroll	McNamara		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution
	)	dependent child of	of a foodyist?		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?	1				
X No Cash X Personal Check	04/	05/2014	\$20.00		\$20.00
If yes, list Event # Money Order Credit/Debit Card	Ι ΄ ΄΄	,	,	1	

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor Itemized Statement accompanying Grant - Amendment					ion for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Spitzer		Horton		s	2082			
Residential Street Address	City			State	Zip Code			
2800 John Dodge Rd		Wilson		WY	83014			
Principal Occupation		Name of Employ	er					
Retired		Retir	ed					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of	)	dependent child of	of a lobbyist?					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a fundraicing event listed in Section 112	Date	Received	Aggregate Contributions					
Tunidasing event listed in Section 31:								
If yes, list Event # Cash Cash Personal Check    Money Order   Credit/Debit Card	04/	05/2014	\$100.00	:	\$100.00			
Last Name	First			MI	Contribution ID #			
LeBoutillier		Janet			2306			
Residential Street Address	City			State	Zip Code			
11 Academy Ln		Old Lyme		СТ	06371			
Principal Occupation		Name of Employ	er					
Ordained Minister		N/A		_				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Sociated With a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Cash  Personal Check								
□ No □ □	04/	06/2014	\$10.00		\$10.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Gentilesco, Jr.		Frank			2255			
Residential Street Address	City			State	Zip Code			
195 Country Hill Dr		West Haven		СТ	06516			
Principal Occupation		Name of Employ	er					
Admin.		Town	of East Haven					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
	)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
lundraising event listed in Section 31?								
X No Cash X Personal Check	04/	07/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Stapleton		William			2307			
Residential Street Address	City			State	Zip Code			
15 Sherwood Farm Rd		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er					
CEO		Healtl	nPlanOne, LLC					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	or a roodyrst?					
government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section J1?								
If yes, list Event #	04/	07/2014	\$100.00		\$100.00			
in yes, as Event # Link Violey Order Link Credit/Debit Card								

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A MONTH INVIDENCE OF THE ANALYSIS									
I. MONETARY RECEIPT	S (Se	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Mckinney For Governor Itemized Statement accompanying application for Public Grant - Amendment									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Keefe		Hugh		F	2258				
Residential Street Address	City			State	Zip Code				
52 Trumbull St		New Haven		СТ	06510				
Principal Occupation		Name of Employ	er						
Lawyer		LTKE,	PC.						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tunidiasing event instead in Section 31:									
If yes, list Event # Cash Credit/Debit Card	04/0	07/2014	\$100.00		\$100.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Kolb, Jr.		Frank		J	2259				
Residential Street Address	City			State	Zip Code				
8 Erico Dr		East Haven		СТ	06512				
Principal Occupation		Name of Employ	er						
Attorney		Kolb 8	& DeSilvertro						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution				
	)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
× No	04/0	08/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Hennessey		Thomas		S	2256				
Residential Street Address	City			State	Zip Code				
34 Columbus Ave		East Haven		СТ	06512				
Principal Occupation		Name of Employ	er						
Owner		AF Fo	rbes Inc						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
	)	dependent child of	•						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event listed in Section J1?									
X No	04/0	09/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Friedman		Richard			2310				
Residential Street Address	City			State	Zip Code				
738 Flintlock Rd		Southport		СТ	06890				
Principal Occupation		Name of Employ	er	•					
OII Broker		MOAE	3 Oil Inc.						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
	,	dependent child of	of a foodyist?						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	04/	10/2014	\$100.00		\$100.00				

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A MONETA DV DE CENTRO (C. C. A. D.									
I. MONETARY RECEIPT	S (S	ection A-I)	I TYPE OF BERORE						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  Mckinney For Governor  Itemized Statement accompanying application for Public									
Mckinney For Governor			Grant - Amendment	iying applicati	on for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Garafalo		Harry		J	2254				
Residential Street Address	City			State	Zip Code				
24 Spice Bush Ln		Milford		СТ	06461				
Principal Occupation		Name of Employ	er						
Business Owner		Milfor	d Markets						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tunidasing event instead in Section 31:									
If yes, list Event # Cash Credit/Debit Card	04/	10/2014	\$100.00		\$100.00				
in you, interest in the control of t									
Last Name	First			MI	Contribution ID #				
DePanfilis		Ralph		R	2218				
Residential Street Address	City			State	Zip Code				
78 Highland Ave		Rowayton		СТ	06853				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	of a foodyist?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions						
tundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	04/	10/2014	\$25.00		\$25.00				
				l					
Last Name	First			MI	Contribution ID #				
Gaboriault		Peter			2308				
Residential Street Address	City			State	Zip Code				
94 Honey Hill Rd		Wilton		СТ	06897				
Principal Occupation		Name of Employ							
Attorney/Developer			riault/Pearsall						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent cinia (	*						
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
Cook Revenuel Cheek									
If yes, list Event # Cash Credit/Debit Card	04/	10/2014	\$50.00		\$50.00				
-									
Last Name	First			MI	Contribution ID #				
Carlsen		Stuart			2309				
Residential Street Address	City	5		State	Zip Code				
18 Winthrop Rd		Bethel		СТ	06801				
Principal Occupation		Name of Employ	er						
RETIRED		N/A	11.14						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with:  Executive Legislative	Б.	D : 1							
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
No Cash Personal Check		10/2014	+100.00		±100.00				
If yes, list Event # No Money Order X Credit/Debit Card	04/	10/2014	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Mckinney For Governor Itemized Statement accompanying application for Public Grant - Amendment									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Diaz		Isaias			2311				
Residential Street Address	City			State	Zip Code				
195 Easton Ave	L	Waterbury		СТ	06704				
Principal Occupation  Attorney		Name of Employ	<sup>er</sup> Ier Strickland						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	04/	11/2014	¢2E 00		\$25.00				
If yes, list Event # Money Order X Credit/Debit Card	04/	11/2014	\$35.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Yanicelli		Nicholas			2313				
Residential Street Address	City			State	Zip Code				
1293 Ponus Ridge Rd .		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er						
RETIRED		N/A		1					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  Yes	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			20 .0						
If yes, list Event # Cash Personal Check  No Money Order X Credit/Debit Card	04/	11/2014	\$100.00		\$100.00				
If yes, list Event# Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
De Montaillou		Jean		D	2223				
Residential Street Address	City			State	Zip Code				
25 Wilshire Rd Principal Occupation	<u> </u>	Greenwich  Name of Employ	ou.	СТ	06831				
Self		Self	ei						
			obbyist, spouse, or of a lobbyist?  Yes	Amou	ınt of Contribution				
Yes 🔼 N	0	dependent child of							
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?	١								
If yes, list Event # Cash Credit/Debit Card	04/	11/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Gaetano		Ann		E	2261				
Residential Street Address	City			State	Zip Code				
4 Oak Hill Ln		Woodbridge		СТ	06525				
Principal Occupation		Name of Employ	er						
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?  Yes  Yes	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?			55 -5						
If yes, list Event # Cash X Personal Check  No Money Order Credit/Debit Card	04/	11/2014	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor			Itemized Statement accompan Grant - Amendment	ying applicat	ion for Public			
B. Itemized Contributions from	m Ind	lividuals						
Last Name  Gaudiose	First	<del>John</del>		MI	Contribution ID #			
Residential Street Address	City	301111		State	Zip Code			
300 Hemingway Ave		East Haven		<del>CT</del>	<del>06512</del>			
Principal Occupation		Name of Employ	er					
Real Estate Broker		Self						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	04/:	11/2014	<del>\$100.00</del> -		<del>\$50.00-</del>			
	I			l	I			
Last Name	First	<b>5</b>		MI	Contribution ID #			
Storrs Residential Street Address	City	David		State	Zip Code			
65 S Gate Ln	City	Southport		CT	06890			
Principal Occupation		Name of Employ	er	Ci	00090			
Investments			native Investment Group					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution			
	0	dependent child of	<u></u>					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a  Yes  Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?  Cash  Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	04/	11/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Wieczorek		Michele		С	2224			
Residential Street Address	City			State	Zip Code			
20 Hanover Rd	<u>L</u> .	Mountain Lak	ces	NJ	07046			
Principal Occupation		Name of Employ	er					
Fundraiser		Self						
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No.	o	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		1	x No					
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Yes  X Cash  Personal Check								
If yes, list Event #	04/	11/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Gaudioso		John			2267			
Residential Street Address	City			State	Zip Code			
184 Maupas Rd N	L.	Guilford		СТ	06437			
Principal Occupation  Real Estate Broker		Name of Employ Self	er					
			obbyist, spouse, or	Amor	unt of Contribution			
Yes X N	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
tundraising event risted in Section 11?								
X No Cash Personal Check	04/	11/2014	\$50.00		\$50.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Mckinney For Governor Itemized Statement accompanying a					ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Finkle		Jonathan		R	2266				
Residential Street Address	City			State	Zip Code				
91 Angela Dr		East Haven		СТ	06512				
Principal Occupation		Name of Employ	er						
Cook		Rib H	ouse Restaurant						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	U	dependent child of	of a lobbyist?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
tundraising event instead in Section 31:									
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	04/	12/2014	\$100.00		\$100.00				
	L .								
Last Name	First			MI	Contribution ID #				
O'Connell	~	Maura			2314				
Residential Street Address	City	5		State	Zip Code				
230 Rosewood Pl	L	Bridgeport		СТ	06610				
Principal Occupation		Name of Employ							
Assistant Clerk			of Connecticut	A					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of  Executive  Legislative		1							
government the contract is with:	D-4-	D i d							
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	04/	12/2014	¢100.00		¢100.00				
If yes, list Event # No Money Order X Credit/Debit Card	04/	13/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Farrell	1 1150	Andrea		S	2262				
Residential Street Address	City			State	Zip Code				
7 Erico Dr		East Haven		СТ	06512				
Principal Occupation		Name of Employ	er						
Accountant		CT Co	onf. Municipalities						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
	0	dependent child of	-						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Yes  Cash  Personal Check									
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	04/	14/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Zollo		Joseph			2276				
Residential Street Address	City			State	Zip Code				
28 Ozone Rd	<u> </u>	East Haven		СТ	06512				
Principal Occupation		Name of Employ	er						
Attorney		Self	obbyjet anguag or	A	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	o	dependent child of	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			300 30						
X No Cash Personal Check	04/	14/2014	\$100.00		\$100.00				
If yes, list Event #	Ι΄,	•	,	Ī	•				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Mckinney For Governor Itemized Statement accompanying application for Public Grant - Amendment									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Anderson		Lillian		Е	2247				
Residential Street Address	City			State	Zip Code				
35 Woodbrook Dr	L	Stamford		СТ	06907				
Principal Occupation  N/a		Name of Employ N/a	er						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent child c	x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event #	04/	14/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Parente		Robert		М	2271				
Residential Street Address	City			State	Zip Code				
7 Farm River Rd		East Haven		СТ	06512				
Principal Occupation		Name of Employ	er						
Super of Operations			of East Haven	•					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:		acpendent emid e	x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Yes  Cash  Personal Check									
If yes, list Event # Cash Credit/Debit Card	04/	14/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Carbo		Paul		L	2264				
Residential Street Address	City			State	Zip Code				
10 Nicholas Dr	<u> </u>	East Haven		СТ	06512				
Principal Occupation		Name of Employ	er						
Sales		Self	-11i.4	A	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?    X   No	١								
If yes, list Event # No Money Order Credit/Debit Card	04/	14/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Amendola		Dennis		С	2268				
Residential Street Address	City			State	Zip Code				
232 McLay Ave		East Haven		СТ	06512				
Principal Occupation		Name of Employ	er						
Real Estate		Self							
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		-	x <sub>No</sub>						
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Cash X Personal Check  No Money Order Credit/Debit Card	04/	14/2014	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor Itemized Statement accompanying applicat					ion for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Carbone		Elizabeth		Α	2269			
Residential Street Address	City			State	Zip Code			
529A Woodward Ave		New Haven		СТ	06512			
Principal Occupation		Name of Employ	er					
Exec. Adm. Asst.		GNHV	VPCA					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyrst?					
government the contract is with:		p : 1						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	04/	14/2014	¢100.00		\$100.00			
If yes, list Event # Money Order	04/	14/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Spang	1 1100	Peter		H	2270			
Residential Street Address	City			State	Zip Code			
37 Delahunty Dr		Southington		СТ	06489			
Principal Occupation	•	Name of Employ	er					
Engineer		Denb	erry					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or  Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tunidraising event instead in Section 71:								
If yes, list Event # Cash Credit/Debit Card	04/	14/2014	\$100.00		\$100.00			
I w	F: .			\ <i>a</i>	Louis Bu			
Last Name DeMaio	First			MI	Contribution ID # 2273			
Residential Street Address	City	Amy		State	Zip Code			
11 Summit Ave	City	East Haven		CT	06512			
Principal Occupation	<u> </u>	Name of Employ	er	<u>.</u>	1 00012			
Claims Adjuster		PMA (						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution			
	0	dependent child of	-					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Society 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event risted in Section 31?								
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	04/	14/2014	\$100.00		\$100.00			
				L				
Last Name	First			MI	Contribution ID #			
DeMaio Residential Street Address	City	Michael		G State	Zip Code			
11 Summit Ave	City	East Haven		CT	06512			
Principal Occupation		Name of Employ	er	C.	00312			
Banker			Niagara					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
	0	dependent child of	or a robbyist?					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tunidialising event listed in Section 31:								
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	04/	14/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPT	rs (se	ection A-I)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor			Itemized Statement accompan	ying applicat	ion for Public			
Grant - Amendment  B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
DeMaio		George			2275			
Residential Street Address	City			State	Zip Code			
14 Cortina Rd		East Haven		СТ	06512			
Principal Occupation	•	Name of Employ	er					
N/a		N/a						
Is contributor a principal of a state contractor or prospective state contractor?	lo.		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a fundraicing event licted in Section 112.	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # Cash Personal Check    No	04/	14/2014	\$100.00		\$100.00			
T. Al	F: /			) d	G (3 ( B)			
Last Name	First	Camalum		MI	Contribution ID #			
Gaetano Residential Street Address	City	Carolyn		State	Zip Code			
1328 Ridge Rd	City	North Haven		CT	06473			
Principal Occupation	_	Name of Employ	er	CI	00473			
Clerk		1 ,	of CT - Legislative Mngt					
			obbyist, spouse, or	Amou	nt of Contribution			
Yes X N	lo	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Society 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event risted in Section 31?								
X No X Cash Personal Check	04/	14/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Gaetano		Peter		R	2278			
Residential Street Address	City			State	Zip Code			
1328 Ridge Rd	<u>L</u>	North Haven		СТ	06473			
Principal Occupation		Name of Employ	er					
Liquor Control Supervisor			of CT DCP					
Is contributor a principal of a state contractor or prospective state contractor?	lo	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of  Executive  Legislative		dependent enna c	x <sub>No</sub>					
government the contract is with:	Dete	D i d						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	04/	14/2014	\$100.00		\$100.00			
If yes, list Event #	04/	14/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Desorbo		Arthur		L	2253			
Residential Street Address	City			State	Zip Code			
494 Silver Sands Rd		East Haven		СТ	06512			
Principal Occupation		Name of Employ	er					
Director of Admin & Mngt		Town	of East Haven					
Is contributor a principal of a state contractor or prospective state contractor?	Io.		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	io	dependent child of	of a foodyist?					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tunidaising event issed in Section 31?								
If yes list Event # Cash Cash Personal Check	04/	14/2014	\$100.00		\$100.00			

I MONETADY DECEMBER (C L A. D.									
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  Mckinney For Governor  Itemized Statement accompanying application for Public									
Grant - Amendment									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Brandt		Michael		R	2265				
Residential Street Address	City			State	Zip Code				
25 Cella Ter		North Haven		CT	06473				
Principal Occupation		Name of Employ	er						
Judge of Probate		State	of CT	_					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tunidraising event instead in Section 31:									
If yes, list Event # Cash Credit/Debit Card	04/	14/2014	\$100.00		\$100.00				
In you, in a state of the state									
Last Name	First			MI	Contribution ID #				
Cubellotti		Craig		Т	2272				
Residential Street Address	City			State	Zip Code				
55 Bishop St		East Haven		СТ	06512				
Principal Occupation		Name of Employ	er						
Legislative Aide		CT Ge	eneral Assembly						
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	of a foodyist?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions						
rundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	04/	14/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Norman		Donna		С	2263				
Residential Street Address	City			State	Zip Code				
15 Clancy St		East Haven		СТ	06512				
Principal Occupation		Name of Employ							
Retired		Retire		,					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent child c	*						
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check			4400.00						
If yes, list Event # Money Order Credit/Debit Card	04/	14/2014	\$100.00		\$100.00				
-					T				
Last Name	First			MI	Contribution ID #				
Benson		Constance		A	2084				
Residential Street Address	City			State	Zip Code				
34 Pond Rd		Easton		СТ	06612				
Principal Occupation		Name of Employ							
Retired		Retire			ent of Contailersi				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with:  Legislative Legislative Legislative	D-4	P. oooiyyad							
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check		15/2014	<b>*35.00</b>		¢2E 00				
If yes, list Event # Money Order Credit/Debit Card	04/	15/2014	\$25.00		\$25.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Mckinney For Governor Itemized Statement accompanying application for Public Grant - Amendment									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Desel		Virginia		М	2219				
Residential Street Address	City			State	Zip Code				
135 Butternut Ln		Southport		СТ	06890				
Principal Occupation  Retired		Name of Employ Retire							
			obbyist, spouse, or	Amou	ant of Contribution				
Yes X N	0	dependent child of	3/						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event listed in Section 31?  Cash  Regional Check									
If yes, list Event # Cash Credit/Debit Card	04/	15/2014	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
De Lara	First	Angela		D	2252				
Residential Street Address	City	7 tilgeld		State	Zip Code				
71 Gate Ridge Rd		Fairfield		СТ	06826				
Principal Occupation	•	Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	<u> </u>						
government the contract is with:  Executive Legislative		D	x <sub>No</sub>	l					
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	04/	15/2014	\$100.00		\$100.00				
If yes, list Event #	0-1/	13/2014	Ψ100.00						
Last Name	First			MI	Contribution ID #				
Erskine		Marjorie		J	2221				
Residential Street Address	City			State	Zip Code				
48 Gate Ridge Rd		Fairfield		СТ	06825				
Principal Occupation		Name of Employ							
Retired		Retire		A	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child of	obbyist, spouse, or	Amou	.nt of Contribution				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
government the contract is with.  Is this contribution associated with a fundamining event listed in Section 112.  Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Cash Personal Check  Money Order Credit/Debit Card	04/	15/2014	\$100.00		\$100.00				
	L .								
Last Name Erskine	First	Robert		MI B	Contribution ID # 2222				
Residential Street Address	City	Robert		State	Zip Code				
48 Gate Ridge Rd	City	Fairfield		CT	06825				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	O	dependent child of	1 a 1000yist?						
government the contract is with:		<u> </u>	x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	047	15/2014	#100 00		¢100.00				
If yes list Event # No Money Order Credit/Debit Card	U4/	15/2014	\$100.00	1	\$100.00				

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor Itemized Statement accompan					ion for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Beebe		Bruce		E	2246			
Residential Street Address	City			State	Zip Code			
350 Nod Hill Rd		Wilton		СТ	06897			
Principal Occupation		Name of Employ						
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x <sub>No</sub>					
government the contract is with:	Date	Received	Aggregate Contributions	1				
s this contribution associated with a fundraising event listed in Section J1?								
If yes, list Event # Cash X Personal Check  Money Order Credit/Debit Card	04/	15/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Weitzman	11130	Patricia		1411	2315			
Residential Street Address	City			State	Zip Code			
68 N Park Ave		Easton		СТ	06612			
Principal Occupation		Name of Employ	er		•			
attorney		Levet	t Rockwood PC					
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			1.00.00.00.00.00.00.00.00					
If yes, list Event # Cash Personal Check    No	04/	16/2014	\$100.00		\$100.00			
				<u> </u>				
Last Name	First			MI _	Contribution ID #			
Watkins	O.	Helen		F	2251			
Residential Street Address  26 Mill Hill Rd	City	Couthport		State	Zip Code 06890			
Principal Occupation		Southport Name of Employ	er	CI	00090			
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ınt of Contribution			
	)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a General Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
Tandarasing event insect in Section 71:								
If yes, list Event # Cash Credit/Debit Card	04/	17/2014	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Oliveria		David		N	2248			
Residential Street Address	City			State	Zip Code			
11 Pinewood Trl		Deep River		СТ	06417			
Principal Occupation		Name of Employ	er	-	•			
Bus. Dev.		Kama	n Aerospace					
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or  of a labbyist?  Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:	Б.	<u> </u>	X No	4				
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
x No Cash x Personal Check	04/	18/2014	\$25.00		\$25.00			
If yes, list Event #	~~	,	Ψ23.00		, _0.00			

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L. MONETARY RECEIPT	S (Se	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT						
Mckinney For Governor Itemized Statement accompanying application for Public Grant - Amendment						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Minutilla		Jen			2142	
Residential Street Address	City			State	Zip Code	
338 Opening Hill Rd		Madison		СТ	06433	
Principal Occupation		Name of Employ	er			
Sales		Self				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution	
If yes, indicate which branch or branches of	,	dependent child of	of a fobbyist?			
government the contract is with:			x <sub>No</sub>			
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions			
Tundralsing event listed in Section 31?						
If yes, list Event # Cash Credit/Debit Card	04/	18/2014	\$60.00		\$60.00	
in yes, list Evenit#						
Last Name	First			MI	Contribution ID #	
Mitchell		Robert		В	2281	
Residential Street Address	City			State	Zip Code	
274 Second Ave		Stratford		СТ	06615	
Principal Occupation		Name of Employ	er			
Attorney		Mitch	ell & Sheahan, PC			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution	
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?			
government the contract is with:			x <sub>No</sub>			
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
If yes, list Event # Cash Credit/Debit Card	04/	19/2014	\$100.00		\$100.00	
in yes, list Evenit#						
Last Name	First			MI	Contribution ID #	
Karl, Jr.		Leo		E	2249	
Residential Street Address	City			State	Zip Code	
PO Box 1146		New Canaan		CT	06840	
Principal Occupation		Name of Employ	er			
N/a		N/a				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or  of a labbyist?  Yes	Amou	nt of Contribution	
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist:			
government the contract is with:			x <sub>No</sub>			
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions			
tundraising event listed in Section J1?						
If yes, list Event # Cash Credit/Debit Card	04/	19/2014	\$100.00		\$100.00	
in yes, its Event in						
Last Name	First			MI	Contribution ID #	
Houston		Kathleen		М	2250	
Residential Street Address	City			State	Zip Code	
145 Frog Pond Ln		Fairfield		СТ	06824	
Principal Occupation		Name of Employ	er			
N/a		N/a				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution	
If yes, indicate which branch or branches of		dependent child of	of a foodyist?			
government the contract is with:  Executive Legislative			x <sub>No</sub>			
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions			
rundraising event listed in Section 31?						
If yes, list Event # Cash Credit/Debit Card	04/2	21/2014	\$200.00		\$100.00	

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (		TYPE OF REPORT					
Mckinney For Governor  Itemized Statement accompanying application fo Grant - Amendment					on for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Dow		Susan			2316			
Residential Street Address	City			State	Zip Code			
27 Pickwick St		Fairfield		СТ	06825			
Principal Occupation		Name of Employ	er					
Teacher		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (						
government the contract is with:  Executive Legislative	_							
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	047	21/2014	#3F 00		¢25.00			
If yes, list Event # No Money Order X Credit/Debit Card	04/.	21/2014	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Rubin	1 1150	Lewis			2317			
Residential Street Address	City	2011.0		State	Zip Code			
440 Middlesex Rd		Darien		СТ	06820			
Principal Occupation		Name of Employ	er					
Student		Chapi	man University					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
	)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a fundamining agent listed in Section 112	Date	Received	Aggregate Contributions					
Personal Check								
If yes, list Event # 04052014A No Money Order X Credit/Debit Card	04/	22/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Ziobro	G:	Thomas		Gr. r	2318			
Residential Street Address  10 Chapel Hill Rd	City	Westport		State CT	Zip Code 06880			
Principal Occupation		Westport Name of Employ	er	Ci	00000			
RETIRED		N/A	Ci					
Is contributor a principal of a state contractor or prospective state contractor?		•	obbyist, spouse, or	Amou	nt of Contribution			
	)	dependent child of						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tunidiaising event listed in Section 31?								
If yes, list Event # 04052014A No Money Order X Credit/Debit Card	04/	22/2014	\$75.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Stowe	G:	Richard		M	2280			
Residential Street Address	City	Lako Worth		State	Zip Code			
414 N Federal Hwy Principal Occupation		Lake Worth Name of Employ	or	FL	33460			
Investor		Self	Ci					
			obbyist, spouse, or	Amou	nt of Contribution			
Yes X No	)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash Credit/Debit Card	04/	22/2014	\$100.00		\$100.00			
July order Cream Debit Call	l			L				

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I. MONETARY RECEIPT	'S (Se	ection A-D						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<del>5 (51</del>	A1011 / X-1)	TYPE OF REPORT					
Mckinney For Governor			Itemized Statement accompan	ying applicat	on for Public			
Grant - Amendment  B. Itemized Contributions from Individuals								
		iividuais			la .a . m.			
Last Name	First	Dahaut		MI W	Contribution ID #			
Bilek Residential Street Address	City	Robert		State	2282			
319 Wakeman Rd	City	Fairfield		CT	Zip Code 06824			
Principal Occupation	<u> </u>	Name of Employ	er	Ci	00024			
Retired		Retire						
			abbriet anauga as	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	0	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
government the contract is with.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
X No Cash X Personal Check	04/2	27/2014	\$25.00		\$25.00			
If yes, list Event #			·					
Last Name	First			MI	Contribution ID #			
Eber		Joseph			2319			
Residential Street Address	City			State	Zip Code			
106 Tripp Hollow Rd		Brooklyn		CT	06234			
Principal Occupation	•	Name of Employ	er					
Sr Tax Partner		Josep	h Eber Jr and Associates					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
	0	dependent child of	<u></u>					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Cash  Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	04/2	27/2014	\$25.00		\$25.00			
in yes, list event #								
Last Name	First			MI	Contribution ID #			
Mindrum		Thomas		L	2284			
Residential Street Address	City			State	Zip Code			
60 Range Rd		Southport		CT	06890			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	a lobbyist:					
government the contract is with: Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
Tunidaising event instead in Section 31:								
If yes, list Event # Cash Cash Personal Check  Money Order Credit/Debit Card	04/2	28/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Mindrum		Alice		Α	2285			
Residential Street Address	City			State	Zip Code			
60 Range Rd	١	Southport		СТ	06890			
Principal Occupation		Name of Employ						
Episcopal Priest			mothy's Episcopal Church					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of  Executive  Legislative		,	x No					
government the contract is with:	Det	Dagaiya 4						
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	047	20/2014	#100.00		¢100.00			
If yes_list Event # Money Order Credit/Debit Card	I 04/4	28/2014	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Mckinney For Governor			Itemized Statement accompan Grant - Amendment	ying applicati	on for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Febbraio		Thomas			2320			
Residential Street Address	City			State	Zip Code			
2 Minard Dr		Westport		CT	06880			
Principal Occupation		Name of Employ	er					
Self Employed			ell Banker Commercial					
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	_					
government the contract is with:  Executive Legislative	-		x No					
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	05/	01/2014	¢100.00		¢100.00			
If yes, list Event # No Money Order X Credit/Debit Card	05/	01/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Lanute	1 1150	Gregory			<del>2081</del>			
Residential Street Address	City	0.090.7		State	Zip Code			
<del>200 Mill River Rd</del>		<del>Fairfield</del>		<del>CT</del>	06824			
Principal Occupation		Name of Employ	er					
Horticulturalist / Landscape Designer		Hortic	cultural Concepts & Services,	<del>LLC</del>				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
	0	dependent child of	·					
If yes, indicate which branch or branches of government the contract is with:			* No					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event listed in Section J1?								
If yes, list Event # Cash Credit/Debit Card	05/	<del>01/2014</del>	<del>\$200.00-</del>		<del>\$100.00</del>			
	l							
Last Name	First	_		MI	Contribution ID #			
Lanute Residential Street Address	City	Gregory		State	2081			
245 Sunnyridge Ave Unit 54	City	Fairfield		CT	Zip Code <b>06824</b>			
Principal Occupation		Name of Employ	er	<u> </u>	00024			
Horticulturalist / Landscape Designer			cultural Concepts & Servic	es, LLC				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
	0	dependent child of	-					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash Credit/Debit Card	05/	01/2014	\$100.00	:	\$100.00			
	<u> </u>							
Last Name	First			MI	Contribution ID #			
O'Brien Residential Street Address	City	Morgan		J	2283			
148 Norfolk Rd	City	Litchfield		State CT	Zip Code 06759			
Principal Occupation		Name of Employ	er	Ci	00733			
Retired		Retire						
			obbyist, spouse, or	Amou	nt of Contribution			
Yes X N	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?		received						
Cook X Downward Charle		received						
If yes, list Event # Cash Personal Check    Cash   Resonal Check   Noney Order   Credit/Debit Card	05/	02/2014	\$100.00		\$100.00			

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L. MONETARY RECEIPT	S (Se	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT						
Mckinney For Governor Itemized Statement accompanying application for Public Grant - Amendment						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Muller		Mary		E	2286	
Residential Street Address	City			State	Zip Code	
52 Crosswicks Ridge Rd		Wilton		CT	06897	
Principal Occupation		Name of Employ	er			
Homemaker		Home	emaker			
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution	
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?			
government the contract is with:			x <sub>No</sub>			
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions			
tundraising event risted in Section 31:						
If yes, list Event # Cash Credit/Debit Card	05/0	02/2014	\$100.00		\$100.00	
noncy order						
Last Name	First			MI	Contribution ID #	
Elser		Richter			2321	
Residential Street Address	City			State	Zip Code	
1980 Chapel St		New Haven		СТ	06515	
Principal Occupation		Name of Employ	er			
Consultant		Self				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution	
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?			
government the contract is with:			x <sub>No</sub>			
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?  Cash  Personal Check						
If yes, list Event # No Money Order X Credit/Debit Card	05/0	04/2014	\$100.00		\$100.00	
ii yes, iist Event # Credit/Deoit Card						
Last Name	First			MI	Contribution ID #	
Ibsen		Jeffrey			2085	
Residential Street Address	City			State	Zip Code	
175 S Main St		West Hartfor	d	CT	06107	
Principal Occupation		Name of Employ	er			
HR Counsel & Teaching		Self 8	k Goodwin College			
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or  of a labbyist?  Yes	Amou	nt of Contribution	
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist:			
government the contract is with:			x <sub>No</sub>			
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions			
Table 1 and						
If yes, list Event # Cash Credit/Debit Card	05/0	05/2014	\$10.00		\$10.00	
in yes, its Event in						
Last Name	First			MI	Contribution ID #	
Caruso		Daniel		F	2083	
Residential Street Address	City			State	Zip Code	
160 Fairfield Woods Rd # 61		Fairfield		СТ	06825	
Principal Occupation		Name of Employ	er			
Judge of Probate		Swen	s, Schine & Nicola, PC			
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution	
If yes, indicate which branch or branches of		dependent child of	of a foodyist?			
government the contract is with:			x <sub>No</sub>			
Is this contribution associated with a Method of contribution:  Yes  Yes	Date	Received	Aggregate Contributions			
Tundraising event listed in Section J1?						
If yes, list Event # Cash Credit/Debit Card	05/0	06/2014	\$100.00		\$100.00	

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I. MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`		TYPE OF REPORT		
Mckinney For Governor			Itemized Statement accompan	ying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuals	Grant - Amendment		
Last Name	First			MI	Contribution ID #
Tolli		David			2322
Residential Street Address	City			State	Zip Code
72 Bottles Rd		Granby		СТ	06035
Principal Occupation		Name of Employ	er		•
RETIRED		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or  General Advanced Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child o	a lobbyist?		
government the contract is with:			x No		
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	0.51				
If yes, list Event # No Money Order X Credit/Debit Card	05/0	07/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Noonan	FIISt	Mark		IVII	2323
Residential Street Address	City	Mark		State	Zip Code
1381 Old Academy Rd		Fairfield		СТ	06824
Principal Occupation		Name of Employe	er		1 0002.
Sports Marketer			Sport. LLC		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution
	0	dependent child o	a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?  Cash  Personal Check					
If yes, list Event # No Money Order X Credit/Debit Card	05/0	07/2014	\$100.00		\$100.00
	l .			<u> </u>	I
Last Name	First			MI	Contribution ID #
Guglielmo  Residential Street Address	G'i	Doris		L	2138
100 Stafford St	City	Stafford Spri	nas	State CT	Zip Code 06076
Principal Occupation	<u> </u>	Name of Employ		CI	00076
Retired		Retire			
			obbyist, spouse, or	Amou	ınt of Contribution
Yes 🔼 N	0	dependent child o			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
tundraising event instead in Section 71:					
If yes, list Event # Cash Cash Personal Check  Money Order Credit/Debit Card	05/0	09/2014	\$100.00		\$100.00
I you, in 2 teams of the care					
Last Name	First			MI	Contribution ID #
Guglielmo		D. Anthony			2139
Residential Street Address	City	o		State	Zip Code
100 Stafford St		Stafford Spri	_	СТ	06076
Principal Occupation State Senator		Name of Employer State			
			11	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child o	Vac	Amot	an or Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes, list Event # Cash X Personal Check    Money Order	05/0	09/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (Se	ection A-I)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Mckinney For Governor			Itemized Statement accompan	ying applicat	ion for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Prout		Sally			2324			
Residential Street Address	City			State	Zip Code			
383F Neponset St		Norwood		MA	02062			
Principal Occupation		Name of Employ	er	•				
RETIRED		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Social Hamiltonian Yes Yes	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Cash  Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	05/:	15/2014	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Shortsleeve		John			2325			
Residential Street Address	City			State	Zip Code			
252 Brentwood Dr	<u></u>	Wallingford		СТ	06492			
Principal Occupation		Name of Employ						
Tax Accountant			k Partners LLC					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent enna e						
government the contract is with: Executive Legislative								
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check			4400.00					
If yes, list Event # No Money Order X Credit/Debit Card	05/	15/2014	\$100.00		\$100.00			
T. AV	г				C C C D			
Last Name	First	Kenneth		MI	Contribution ID #			
West Residential Street Address	City	Kenneth		State	2326			
29 Haddon St # 6	City	Pridagnort		CT	Zip Code 06605			
Principal Occupation		Bridgeport Name of Employ	or	CI	00003			
RETIRED		N/A	Ci					
T			obbyist, spouse, or	Amor	int of Contribution			
Yes X No.	)	dependent child of		Aimot	ant of Contribution			
If yes, indicate which branch or branches of  Executive  Legislative			x <sub>No</sub>					
government the contract is with:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?								
No Cash Personal Check	05/:	17/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card		<i>'</i>						
Last Name	First			MI	Contribution ID #			
Burke		Nancy			2327			
Residential Street Address	City			State	Zip Code			
22 Windrose Way		Greenwich		СТ	06380			
Principal Occupation		Name of Employ	er					
RETIRED		N/A						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	int of Contribution			
	)	dependent child of	of a foodyist?					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
rundraising event risted in Section 31?								
If yes list Event # Cash Personal Check  No No Money Order	05/	17/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor Itemized Statement accompanying application for Public Grant - Amendment								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Cafferelli		Bryan			2328			
Residential Street Address	City			State	Zip Code			
129 College Pl		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er					
Attorney		Self		_				
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or	Amou	ant of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	of a foodyist?					
government the contract is with:			x <sub>No</sub>	<u> </u>				
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	05/	17/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Herman		Catherine			2329			
Residential Street Address	City			State	Zip Code			
4 Blueberry Hill Rd .		Weston		СТ	06883			
Principal Occupation		Name of Employ	er					
RETIRED		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:			x <sub>No</sub>	]				
Is this contribution associated with a fundraining event listed in Section 112.	Date	Received	Aggregate Contributions					
Personal Check								
If yes, list Event # 04052014A No Money Order X Credit/Debit Card	05/	19/2014	\$100.00		\$100.00			
<u> </u>								
Last Name	First			MI	Contribution ID #			
Riley		Kathleen		М	2076			
Residential Street Address	City			State	Zip Code			
52 Grove St		Thomaston		СТ	06787			
Principal Occupation		Name of Employ	er					
N/a		N/a						
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent cinia (	n a lobbyist:					
government the contract is with:  Executive Legislative			□ No	1				
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check								
If yes, list Event # Money Order Credit/Debit Card	05/	19/2014	\$50.00		\$50.00			
					1			
Last Name	First			MI	Contribution ID #			
Riley		Michael		J	2077			
Residential Street Address	City			State	Zip Code			
60 Forest St		Hartford		СТ	06105			
Principal Occupation		Name of Employ						
Association Executive			Trans. Assoc. Of CT					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of								
government the contract is with:  Executive Legislative	Б.	D : 1		4				
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	<u> </u>	10/2014	+50.00		<b>+</b> F0.00			
If yes, list Event # Money Order Credit/Debit Card	J 05/	19/2014	\$50.00		\$50.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor			Itemized Statement accompan Grant - Amendment	ying applicat	ion for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID#			
<del>Cohen</del>		<del>Joe</del>		М	<del>2080</del>			
Residential Street Address	City			State	Zip Code			
<del>PO Box 11</del>		Chester		<del>CT</del>	<del>06412</del>			
Principal Occupation		Name of Employ	er		•			
Communications & Public Affairs		Self						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:			<b>x</b> No					
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # Money Order Credit/Debit Card	<del>05/2</del>	20/2014	<del>\$10.00</del>		<del>\$5.00-</del>			
- · · ·					I			
Last Name	First	<b>-</b>		MI	Contribution ID #			
Cohen Residential Street Address	City	Joe		M State	2080			
	City	Chester		CT	Zip Code <b>06412</b>			
9 Maple St Apt M Principal Occupation	<u>.                                    </u>	Name of Employ	er	Ci	00412			
Communications & Public Affairs		Self	ci					
			obbyist, spouse, or	Amou	ınt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?  Yes  N	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
In this contribution associated with a Mathed of contribution	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			00 0					
X No Cash X Personal Check	05/	20/2014	\$5.00		\$5.00			
	05/	20/2014	\$5.00		\$5.00			
X No Cash X Personal Check	05/ First	20/2014	\$5.00	MI	\$5.00  Contribution ID #			
If yes, list Event # Cash X Personal Check  Money Order Credit/Debit Card		20/2014 Virginia	\$5.00	MI				
If yes, list Event # Cash Noney Order Credit/Debit Card  Last Name			\$5.00	MI State	Contribution ID #			
If yes, list Event #  Last Name  McClinch  Money Order  Cash Money Order  Credit/Debit Card	First		\$5.00		Contribution ID #			
Last Name  McClinch  Residential Street Address  Last Name  McClinch	First	Virginia	· ·	State	Contribution ID # 2073 Zip Code			
Last Name McClinch Residential Street Address 174 Sunnieholme Dr	First	Virginia Fairfield	· ·	State	Contribution ID # 2073 Zip Code			
Last Name  McClinch  Residential Street Address  174 Sunnieholme Dr  Principal Occupation	First	Virginia Fairfield Name of Employ Is contributor a l	er obbyist, spouse, or	State CT	Contribution ID # 2073 Zip Code			
Last Name  McClinch  Residential Street Address  174 Sunnieholme Dr  Principal Occupation  Is contributor a principal of a state contractor or prospective state contractor?  Yes X N	First	Virginia Fairfield Name of Employ	er  obbyist, spouse, or	State CT	Contribution ID # 2073 Zip Code 06824			
Last Name  McClinch  Residential Street Address  174 Sunnieholme Dr  Principal Occupation	First	Virginia Fairfield Name of Employ Is contributor a l	er obbyist, spouse, or	State CT	Contribution ID # 2073 Zip Code 06824			
Last Name  McClinch  Residential Street Address  174 Sunnieholme Dr  Principal Occupation  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a    Cash   X   Personal Check     Credit/Debit Card     Cash   Mency Order   Credit/Debit Card     Cash   Cash   Cash   Cash     Cash   Cash   Cash   Cash   Cash     Cash   Cash   Cash   Cash   Cash     Cash   Cash   Cash   Cash   Cash   Cash     Cash   Cash   Cash   Cash   Cash   Cash   Cash     Cash   Cas	First	Virginia Fairfield Name of Employ Is contributor a l	er  obbyist, spouse, or	State CT	Contribution ID # 2073 Zip Code 06824			
Last Name  McClinch  Residential Street Address  174 Sunnieholme Dr  Principal Occupation  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  A No Cash Mender Personal Check Credit/Debit Card  Yes Personal Check Credit/Debit Card  Legislative Credit/Debit Card  Personal Check Credit/Debit Card  Legislative Debit Card  No Cash Mender Personal Check Credit/Debit Card  Personal Check Credit/Debit Card  Legislative Debit Card  No Cash Mender Personal Check Credit/Debit Card	First	Virginia  Fairfield  Name of Employ  Is contributor a l dependent child of	obbyist, spouse, or Yes  Ya lobbyist?  X No	State CT	Contribution ID # 2073 Zip Code 06824			
Last Name  McClinch  Residential Street Address  174 Sunnieholme Dr  Principal Occupation  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?    Cash   X   Personal Check   Credit/Debit Card	First City Date	Virginia  Fairfield  Name of Employ  Is contributor a l dependent child of	obbyist, spouse, or Yes  Ya lobbyist?  X No	State CT	Contribution ID # 2073 Zip Code 06824			
Last Name  McClinch  Residential Street Address  174 Sunnieholme Dr  Principal Occupation  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #  Method of contribution:    Cash   X   Personal Check	First City Date	Virginia  Fairfield  Name of Employ  Is contributor a l dependent child of Received	er  obbyist, spouse, or Yes  if a lobbyist?  X No  Aggregate Contributions	State CT Amou	Contribution ID # 2073 Zip Code 06824 Int of Contribution			
Last Name  McClinch  Residential Street Address  174 Sunnieholme Dr  Principal Occupation  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  Last Name    Cash   X   Personal Check	First City Date	Virginia  Fairfield  Name of Employ  Is contributor a l dependent child of Received	er  obbyist, spouse, or Yes  if a lobbyist?  X No  Aggregate Contributions	State CT	Contribution ID # 2073 Zip Code 06824  Int of Contribution  \$100.00			
Last Name  McClinch  Residential Street Address  174 Sunnieholme Dr  Principal Occupation  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  Last Name  DePanfilis	First City Date 05/2	Virginia  Fairfield  Name of Employ  Is contributor a l dependent child of Received	er  obbyist, spouse, or Yes  if a lobbyist?  X No  Aggregate Contributions	State CT Amou	Contribution ID # 2073 Zip Code 06824  Int of Contribution  \$100.00  Contribution ID # 2330			
Last Name  McClinch  Residential Street Address  174 Sunnieholme Dr  Principal Occupation  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  Last Name  DePanfilis  Residential Street Address    Cash   X   Personal Check	First City Date	Virginia  Fairfield  Name of Employ  Is contributor a l dependent child of Received  21/2014  Kelly	er  obbyist, spouse, or Yes  if a lobbyist?  X No  Aggregate Contributions	State CT  Amou	Contribution ID # 2073 Zip Code 06824 Int of Contribution  \$100.00  Contribution ID # 2330 Zip Code			
Last Name  McClinch  Residential Street Address  174 Sunnieholme Dr  Principal Occupation  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  Last Name  DePanfilis  Residential Street Address  18 Orchard Hill Rd	First City Date 05/2	Virginia  Fairfield  Name of Employ  Is contributor a l dependent child of the contributor all d	er  obbyist, spouse, or	State CT Amou	Contribution ID # 2073 Zip Code 06824  Int of Contribution  \$100.00  Contribution ID # 2330			
Last Name  McClinch  Residential Street Address  174 Sunnieholme Dr  Principal Occupation  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  Last Name  DePanfilis  Residential Street Address  18 Orchard Hill Rd  Principal Occupation	First City Date 05/2	Virginia  Fairfield  Name of Employ  Is contributor a I dependent child of the contributor all d	er  obbyist, spouse, or	State CT  Amou	Contribution ID # 2073 Zip Code 06824 Int of Contribution  \$100.00  Contribution ID # 2330 Zip Code			
Last Name  McClinch  Residential Street Address  174 Sunnieholme Dr  Principal Occupation  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  Last Name  DePanfilis  Residential Street Address  18 Orchard Hill Rd  Principal Occupation  A No Cash Apersonal Check Credit/Debit Card	First City  Date 05/2  First	Virginia  Fairfield  Name of Employ  Is contributor a l dependent child of the contributor all d	er  obbyist, spouse, or  of a lobbyist?  X  No  Aggregate Contributions  \$100.00	State CT  Amou	Contribution ID # 2073 Zip Code 06824  nt of Contribution  \$100.00  Contribution ID # 2330 Zip Code 06880			
Last Name  McClinch  Residential Street Address  174 Sunnieholme Dr  Principal Occupation  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  Last Name  DePanfilis  Residential Street Address  18 Orchard Hill Rd  Principal Occupation	First City  Date 05/2  First	Virginia  Fairfield  Name of Employ  Is contributor a l dependent child of the contributor all d	er  obbyist, spouse, or	State CT  Amou	Contribution ID # 2073 Zip Code 06824 Int of Contribution  \$100.00  Contribution ID # 2330 Zip Code			
Last Name  McClinch  Residential Street Address  174 Sunnieholme Dr  Principal Occupation  Is contributor a principal of a state contractor or prospective state contractor?  Is this contribution associated with a fundraising event listed in Section J1?  Last Name  DePanfilis  Residential Street Address  18 Orchard Hill Rd  Principal Occupation    X   Personal Check   Credit/Debit Card	First City  Date 05/2  First	Virginia  Fairfield  Name of Employ  Is contributor a l dependent child of the child of the contributor a l dependent child of the chil	er  obbyist, spouse, or	State CT  Amou	Contribution ID # 2073 Zip Code 06824  nt of Contribution  \$100.00  Contribution ID # 2330 Zip Code 06880			
Last Name  McClinch  Residential Street Address  174 Sunnieholme Dr  Principal Occupation  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  Last Name  DePanfilis  Residential Street Address  18 Orchard Hill Rd  Principal Occupation  Last Name  DePanfilis  Residential Street Address  18 Orchard Hill Rd  Principal Occupation  Registered Nurse  Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No  Method of contribution:  X Personal Check  Credit/Debit Card  Credit/Debit Card  Last Name  DePanfilis  Residential Street Address  18 Orchard Hill Rd  Principal Occupation  Registered Nurse  Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No  Legislative  Legislative  Legislative	First City Date 05/22 First City	Virginia  Fairfield  Name of Employ  Is contributor a l dependent child of the contributor a l d	er  obbyist, spouse, or Yes  x No  Aggregate Contributions  \$100.00  er  alk Hospital  obbyist, spouse, or Yes  x No	State CT  Amou	Contribution ID # 2073 Zip Code 06824  nt of Contribution  \$100.00  Contribution ID # 2330 Zip Code 06880			
Last Name  McClinch  Residential Street Address  174 Sunnieholme Dr  Principal Occupation  Is contributor a principal of a state contractor or prospective state contractor?  Is this contribution associated with a fundraising event listed in Section J1?  Last Name  DePanfilis  Residential Street Address  18 Orchard Hill Rd  Principal Occupation    X   Personal Check   Credit/Debit Card	First City Date 05/22 First City	Virginia  Fairfield  Name of Employ  Is contributor a l dependent child of the child of the contributor a l dependent child of the chil	er  obbyist, spouse, or	State CT  Amou	Contribution ID # 2073 Zip Code 06824  nt of Contribution  \$100.00  Contribution ID # 2330 Zip Code 06880			
Last Name  McClinch  Residential Street Address  174 Sunnieholme Dr  Principal Occupation  Is contributor a principal of a state contractor or prospective state contractor?	First City  Date 05/2  First City	Virginia  Fairfield  Name of Employ  Is contributor a l dependent child of the contributor a l d	er  obbyist, spouse, or Yes  x No  Aggregate Contributions  \$100.00  er  alk Hospital  obbyist, spouse, or Yes  x No	MI State CT	Contribution ID # 2073 Zip Code 06824  nt of Contribution  \$100.00  Contribution ID # 2330 Zip Code 06880			

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I MONETA BY DECEMBER (C. P. A. D.								
I. MONETARY RECEIPT	S (S	ection A-I)	I TYPE OF PERONT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor Itemized Statement accompanying application for Public Grant - Amendment								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Schwab		Jerry			2331			
Residential Street Address	City			State	Zip Code			
264 Quaker Farms Rd		Oxford		CT	06478			
Principal Occupation		Name of Employ	er					
Executive Director		Oxfor	d Ambulance Association					
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	of a foodylst?					
government the contract is with:	_		x <sub>No</sub>					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Cash  Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	05/	22/2014	\$100.00		\$100.00			
in you, in 2 reads 2 could be could								
Last Name	First			MI	Contribution ID #			
<del>Tallman</del>		<del>James</del>		P	<del>2079</del>			
Residential Street Address	City			State	Zip Code			
<del>PO Box 1163</del>		Southport		<del>CT</del>	<del>06890</del>			
Principal Occupation		Name of Employ	er					
<del>N/a</del>		<del>N/a</del>						
Is contributor a principal of a state contractor or prospective state contractor?	D		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:			x No					
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions					
tundraising event listed in Section J1?								
If yes, list Event # Cash Credit/Debit Card	<del>05/</del>	<del>22/2014</del>	<del>\$200.00-</del>		<del>\$100.00</del>			
Last Name	First			MI	Contribution ID #			
Tallman		James		Р	2079			
Residential Street Address	City			State	Zip Code			
208 Mill Hill Ter		Southport		СТ	06890			
Principal Occupation		Name of Employ	er					
N/a		N/a						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (	-					
government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check								
If yes, list Event # Money Order Credit/Debit Card	05/	22/2014	\$100.00	!	\$100.00			
-	<u> </u>							
Last Name	First			MI	Contribution ID #			
Walker		Mary			2332			
Residential Street Address	City			State	Zip Code			
37 Beacon St		Bridgeport I		СТ	06605			
Principal Occupation		Name of Employ						
Substitute Teacher			eld Board of Education					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		acpendent ennu (	x No					
government the contract is with:  Executive Legislative	-							
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
_		00/00:						
If yes, list Event # Cash Credit/Debit Card	05/	23/2014	\$100.00		\$100.00			

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McKelmey For Governor	I. MONETARY RECEI	PTS (Se	ection A-I)						
Les Note  B. Hemized Contributions from Individuals  Les Note  Recident Store Alabors  Entitlement Store Alabors  Entitlement Store Alabors  139 Sky Top Tor Er				TYPE OF REPORT					
B. Hernized Contributions From Individuals	Wekinie) To Governor					ion for Public			
Monte   Fire									
Fairfield   Solid	Last Name	First			MI	Contribution ID #			
193 Sky Top Ter	Monte		Bruce			2333			
Name of Employer    Name of Employer   Notine-Metalith Group   Notine-Metalith	Residential Street Address	City			State	Zip Code			
Human Resources Executive  Screening of a state contactor or prospective state contactor?    Yes   No.	193 Sky Top Ter		Fairfield		СТ	06825			
Learn Beater a principal of a table contraction or prospective state contractor?   Ye   Yo   Yo   Agreement of Contributions   You   Advantage Contributions   You   Advantage Contributions   You   Annuari of Contributions   You   Annuari of Contributions   You   You   You   Annuari of Contributions   You	Principal Occupation		Name of Employ	er		•			
If You, indicate which branch or branches of commentation comment the contract is with.  Is this commission accounted with a fundamental commentation commentation accounted with a fundamental commen	Human Resources Executive		United	dHealth Group					
If yes, indicate which Franche or branches of consensational with a contribution associated with a contribution associated with a contribution associated with a contribution associated with a contribution and contribution	Is contributor a principal of a state contractor or prospective state contractor?	No		37	Amou	int of Contribution			
Escutive in Escutive in Section 17   Vec   Vec   Cash   Personal Check   Sp/24/2014   \$100.00   \$100.00   \$100.00    Lan Name  Lan Name  Monte  Lan Name  Lan Name  Lan Name  Lan Name  Lan Name  Lan Name  Monte  Lan Name  Lan Name  Lan Name  Lan Name  Monte  Lan Name  Monte  Lan Name  Lan Name  Monte  Lan Name  Monte  Lan Name  Lan Name  Monte  Lan Name  Monte  Lan Name  L	If yes, indicate which branch or branches of		dependent child o	of a foodyist?					
Front   Found   Foun	government the contract is with:								
Personal Check   Money Order   Personal Check   Personal Check   Money Order   Personal Check   Pe	Vac	Date	Received	Aggregate Contributions					
Februaries	Cash Personal Check	05/	24/2044	+400.00		+100.00			
Residential Street Address		05/	24/2014	\$100.00		\$100.00			
Monte	I oct Nama	Firet			l <sub>MI</sub>	Contribution ID #			
City		1 1150			IVII				
Principal Cocupation    Name of Employer   Name of		City	RODIII		State				
Name of Employer   Name of Emp		,	Fairfield		l	_			
Is contributor a principal of a state contractor or prospective state contractor?    Yes   X   No   Security			1	er		00025			
If yes, indicate which branch or branches of government the contract is with:    Security   Legislative   Legislat									
If yes, indicate which branch or branches of lace outraction is with:  Is this contribution associated with a fundriasing event listed in Section J1?  If yes, list Event #  Wethod of Contribution:    Cash   Personal Check   Per	Is contributor a principal of a state contractor or prospective state contractor?		· ·	obbyist, spouse, or	Amou	ant of Contribution			
Security   Contribution associated with a   Section J1?   Yes   Method of contributions:   Cash   Personal Check   O5/24/2014   \$100.00   \$100.0		No	dependent child of	of a lobbyist?					
fundraising event listed in Section J1?  If yes, list Event # Personal Check Money Order	Evacutiva Lagislativa			x No					
Last Name	Vac	Date	Received	Aggregate Contributions					
Last Name  Residential Street Address  City  Donna  State  Amount of Contribution ID #  2335  State  Amount of Contribution  Street Address  Owner  Principal Occupation  Owner  If yes, indicate which branch or branches of Influenciation associated with a fundraising event listed in Section J1?  If yes, indicate which branch or branches of Address  Cavanaugh  Cash  No  Cavanaugh  Residential Street Address  Cavanaugh  Cavanaugh  Cavanaugh  Cavanaugh  Residential Street Address  City  Cash  Personal Check  O5/26/2014  State  First  Aggregate Contribution  First  Aggregate Contribution  Aggregate Contribution  First  Anount of Contribution ID #  100.00  \$	Cash Personal Check								
Last Name  Last Name  Cavanaugh	□ No □ □	05/	24/2014	\$100.00		\$100.00			
Febbraio					l	1			
Residential Street Address 2 Minard Dr  Vestport  Name of Employer  The Spotted Horse Restaurant  Scontributor a principal of a state contractor or prospective state contractor?  Is contributor a principal of a state contractor or prospective state contractor?  Is contributor a principal of a state contractor or prospective state contractor?  Is contributor a principal of a state contractor or prospective state contractor?  Is contributor a principal of a state contractor or prospective state contractor?  Is contribution associated with a fundraising event listed in Section J1?  If yes, list Event #  Cay Name of Employer  Aggregate Contributions  Aggregate Contributions  Aggregate Contributions  Aggregate Contributions  Cay 100.00  \$\frac{1}{2}\$ Dools 0.00  \$\fr		First			MI				
2 Minard Dr   Principal Occupation			Donna						
Principal Occupation Owner  Scontributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Legislative  Legislative  Legislative  Date Received  Aggregate Contributions  First Joan  Amount of Contribution ID#  Cavanaugh  Residential Street Address  450 Penfield Rd  Principal Occupation  N/a  Scontributor a principal of a state contractor or prospective state contractor?  Personal Check of Joan  Aggregate Contributions  First Joan  First Joan  Mil Contribution ID#  Contribution ID#  Contribution ID#  Contribution ID#  Fairfield  Fairfield  First Joan  Mil Contribution ID#  Contribution ID#  Application ID#  Application ID#  Application ID#  Application ID#  State Application ID#  App		City	\\/ t t			_			
South			1	or .	CI	06880			
If yes, indicate which branch or branches of government the contract is with:  If yes, indicate which branch or branches of government the contract is with:  If yes, indicate which branch or branches of government the contract is with:  If yes, indicate which branch or branches of government the contract is with:  If yes, indicate which branch or branches of government the contract is with:  If yes, indicate which branch or branches of government the contract is with:  If yes, indicate which branch or branches of government the contractor or prospective state contribution:  If yes, indicate which branch or branches of government the contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  If yes, indicate which branch or branches of government the contract is with:  If yes, indicate which branch or branches of government the contract is with:  If yes, indicate which branch or branches of government the contract is with:  If yes, indicate which branch or branches of government the contract is with:  If yes, indicate which branch or branches of government the contract is with:  If yes, indicate which branch or branches of government the contract is with:  If yes, indicate which branch or branches of government the contract is with:  If yes, indicate which branch or branches of government the contract is with:  If yes, indicate which branch or branches of government the contract is with:  If yes, indicate which branch or branches of government the contract is with:  If yes, indicate which branch or branches of government the contract is with:  If yes, indicate which branch or branches of government the contract or years and years are not year									
If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  Last Name  Cash Noo Money Order Cash Credit/Debit Card  Cash Money Order Cash Credi	T			·	Amor	unt of Contribution			
Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #  Last Name  Cavanaugh  Residential Street Address  450 Penfield Rd  Principal Occupation N/a  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:  Date Received  Aggregate Contributions  Aggregate Contributions  First  MI  Contribution ID #  Coupation  City  Fairfield  Name of Employer  N/a  Is contributor a principal of a state contractor or prospective state contractor?  Yes  No  State  Tyes  No  Amount of Contribution of a lobbyist, spouse, or dependent child of a lobbyist?  Amount of Contribution of a lobbyist?  Amount of Contribution of Contribution of a lobbyist?  Amount of Contribution of Contribution of a lobbyist?  Amount of Contribution of Contribution of Aggregate Contributions  Amount of Contribution of Contribution of Aggregate Contributions	Yes 🔼	No							
Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #  Last Name  Cavanaugh  Residential Street Address 450 Penfield Rd  Principal Occupation N/a  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of sovernment the contract is with:    Aggregate Contributions   Date   Received   Aggregate Contributions     Aggregate Contributions   Date   Received   Aggregate Co	Evacutiva Lagislativa			x <sub>No</sub>					
If yes, list Event # \$100.00 \$	Tadii angiilagia aasiigadagida — Madada Gaagiilagiaa	Date	Received	Aggregate Contributions					
If yes, list Event # \$100.00 \$100.00  Last Name Cavanaugh  Residential Street Address 450 Penfield Rd  Principal Occupation N/a  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of aovernment the contract is with:  Is this contribution associated with a None Order X Credit/Debit Card    Social Credit/Debit Card   Social Credit/Debit Card   Social Credit/Debit Card   Social Credit/Debit Card   Social Credit/Debit Card   Social Credit/Debit Card   Social Credit/Debit Card   Social Credit/Debit Card   Social Credit/Debit Card   Social Credit/Debit Card   Social Credit/Debit Card   Social Credit/Debit Card   Social Credit/Debit Card   Social Credit/Debit Card   Social Credit/Debit Card   Social Credit/Debit Card   Social Contribution ID # Occupation   Social Contribution ID # Occupation   Social Contribution   Social Credit/Debit Card   Social Credit/Debit Card   Social Contribution   Socia	iundraising event fisted in Section 31?								
Last Name Cavanaugh  Residential Street Address A50 Penfield Rd  Principal Occupation N/a  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a  Neme of Employer  N/a  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    State   City   Code	│ No │	05/	26/2014	\$100.00		\$100.00			
Cavanaugh  Residential Street Address  Residential Street	in yes, list Event #								
Residential Street Address  450 Penfield Rd  Principal Occupation  N/a  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a  Nesidential Street Address  City  Fairfield  Name of Employer  N/a  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  No  Amount of Contribution  Amount of Contribution  Amount of Contribution  State Zip Code  Occupation  N/a  N/a  Pres  N/a  Associated with a N/a  Amount of Contribution  Agregate Contributions	Last Name	First			MI	Contribution ID #			
Fairfield Rd  Principal Occupation N/a  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a Received Method of contribution:  Date Received Aggregate Contributions  Tairfield  Name of Employ=  Name	Cavanaugh		Joan		С	2108			
Principal Occupation  N/a  Name of Employer  N/a  N/a  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a    Name of Employer  N/a  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No  Date Received     Aggregate Contributions		City				_			
N/a  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is contributor a principal of a state contractor or prospective state contractor?    Yes   X   No     Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    X   No     X   No   X			1		СТ	06824			
Is contributor a principal of a state contractor or prospective state contractor?    Yes   X   No   Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes   X   No				er					
If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a Second Sec				obbyjet enguse or	A	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a Second Sec	Yes X	No		Vac	Aillot	an or Commountion			
Is this contribution associated with a Voc Method of contribution: Date Received Aggregate Contributions	Evacutiva Lagislativa			x <sub>No</sub>					
l Voc	government the contract is with:	Date	Received						
ididiasing event isted in Section 11:	fundraising event listed in Section J1?			30 0					
If yes, list Event # Personal Check 05/26/2014 \$5.00 \$5.00	X No	05/	26/2014	\$5.00		\$5.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Mckinney For Governor			Itemized Statement accompan	ying applicat	on for Public			
Grant - Amendment  B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Broadhurst		Isobel		С	2109			
Residential Street Address	City			State	Zip Code			
151 Valley View Rd		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er	-	•			
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyfst?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check								
If yes, list Event #	05/2	27/2014	\$25.00		\$25.00			
<b>-</b>				l				
Last Name	First			MI	Contribution ID #			
Marpe Residential Street Address	City	James		State	2340			
	City	Westport		CT	Zip Code 06880			
57 Morningside Dr S Principal Occupation		Westport Name of Employ	or	CI	00000			
First Selectman			of Westport					
			abbyiet enquee or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
In this contribution associated with a Mathed of contribution	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes. list Event # Cash Personal Check  No Money Order X Credit/Debit Card	05/2	27/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Haberstroh		Stephen			2336			
Residential Street Address	City			State	Zip Code			
174 Richmond Hill Rd		New Canaan		СТ				
Principal Occupation		Name of Employ	er					
Managing Director			eKeep Investment Advisors					
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or  of a lobbyist?  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna (	x No					
government the contract is with:		D : 1						
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
No Cash Personal Check	05/	27/2014	¢100.00		¢100.00			
If yes, list Event # Money Order X Credit/Debit Card	05/.	27/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Demakis	1 1150	George			2337			
Residential Street Address	City			State	Zip Code			
28 Elmwood Dr		Southport		СТ	06890			
Principal Occupation		Name of Employ	er					
RETIRED		N/A						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or  Yes	Amou	nt of Contribution			
	)	dependent child of	of a foodyfst?					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tunidiaising event risted in Section 31?								
If yes list Event # No	05/2	27/2014	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor  Itemized Statement accompanying application for Public Grant - Amendment								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Demakis		Louise			2339			
Residential Street Address	City			State	Zip Code			
28 Elmwood Dr		Southport		СТ	06890			
Principal Occupation		Name of Employ	er					
RETIRED		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent ennu (						
government the contract is with:  Is this contribution associated with a Method of contribution:  Method of contribution:	Doto	Received	Aggregate Contributions					
s this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
No Cash Personal Check	05/	27/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	05/.	27/2014	\$100.00		φ100.00 			
Last Name	First			MI	Contribution ID #			
Spring		Henry			2338			
Residential Street Address	City	<u> </u>		State	Zip Code			
4 Trout Creek Rd		Shelton		СТ	06484			
Principal Occupation	•	Name of Employ	er					
Public Relations		Gaffn	ey Bennett Public Relations					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a foodysst?					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	05/	27/2014	\$100.00		\$100.00			
LadNama	Firmt			M	Contribution ID #			
Last Name  Lasersohn	First	Helen		MI H	Contribution ID # 2110			
Residential Street Address	City	Heleli		State	Zip Code			
304 North Ave	City	Westport		CT	06880			
Principal Occupation		Name of Employ	er	<u> </u>	00000			
Housewife		Self						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
	)	dependent child of	·					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash Credit/Debit Card	05/	28/2014	\$100.00		\$100.00			
				L				
Last Name	First	Ohio		MI	Contribution ID #			
Crawford Residential Street Address	City	Otis		L	Zip Code			
120 Harvest Cmns	City	Westport		CT	06880			
Principal Occupation		Name of Employ	er	Ci	00000			
Retired		Retire						
			obbyist, spouse, or	Amou	nt of Contribution			
Yes X No	)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash Credit/Debit Card	05/	29/2014	\$100.00		\$100.00			
_ = ===================================				L				

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I. MONETARY RECEIPT	S (Se	ection A-I)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor			Itemized Statement accompan	ying applicat	ion for Public			
Grant - Amendment  B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Crawford		Lois		Α	2107			
Residential Street Address	City			State	Zip Code			
120 Harvest Cmns		Westport		СТ	06880			
Principal Occupation		Name of Employ	er	•	•			
N/a		N/a						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check								
If yes, list Event #	05/2	29/2014	\$100.00		\$100.00			
				l				
Last Name	First	\A/:11:		MI	Contribution ID #			
Rodgers Residential Street Address	City	William		F State	Zip Code			
208 Hattertown Rd	City	Nowtown		CT	06470			
Principal Occupation		Newtown Name of Employ	or	CI	00470			
Attorney		Self	ci					
			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No					
In this contribution associated with a Mathed of contribution	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Yes  Gash  Regional Check								
X No Tourism enter	05/2	29/2014	\$40.00		\$40.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Crouch		Dawn			2341			
Residential Street Address	City			State	Zip Code			
8 Garden City Rd		Darien		СТ	06820			
Principal Occupation		Name of Employ	er					
Risk management		Deloit						
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of  Executive  Legislative		dependent enna c	x <sub>No</sub>					
government the contract is with:	Dete	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
No Cash Personal Check	05/	30/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	03/	30,2011	Ψ100.00		<b>4100.00</b>			
Last Name	First			MI	Contribution ID #			
Konolige		Lori			2342			
Residential Street Address	City			State	Zip Code			
40 Ettl Ln Unit 23		Greenwich		СТ	06831			
Principal Occupation		Name of Employ	er					
PR Consultant		Self						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a	Date	Received	Aggregate Contributions					
Tunidiaising event risted in Section 31?								
If yes list Event # No	05/3	31/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)	ı		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT					ion for Dublic
Mckinney For Governor			Itemized Statement accompan Grant - Amendment	ying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Belaga		Mike			2343
Residential Street Address	City			State	Zip Code
196 Newtown Tpke	L	Westport		СТ	06880
Principal Occupation		Name of Employ	er		
RETIRED		N/A			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent enna e			
government the contract is with:  Is this contribution associated with a Method of contribution:  Method of contribution:	Doto	Received			
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	05/3	31/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	03/.	31/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Christison		Dorothy		F	2114
Residential Street Address	City			State	Zip Code
PO Box 351		Wilton		СТ	06897
Principal Occupation	<u>'</u>	Name of Employ	er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	nt of Contribution
	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No		
Is this contribution associated with a	Date	Received	Aggregate Contributions		
tundraising event listed in Section 31?					
If yes, list Event # 06082014A	05/3	31/2014	\$50.00		\$50.00
In yes, list 2 tells 100002017A					
Last Name	First			MI	Contribution ID #
Testani		Suzanna		S	2156
Residential Street Address	City			State	Zip Code
50 Cranbury Dr	<u> </u>	Trumbull		СТ	06611
Principal Occupation		Name of Employe			
Program Coordinator			of Greenwich		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	05/3	31/2014	\$100.00		\$100.00
If yes, list Event # 06092014A	03/3	31/2014	Ψ100.00		<b>\$100.00</b>
Last Name	First			MI	Contribution ID #
Testani		Jack		Н	2157
Residential Street Address	City			State	Zip Code
50 Cranbury Dr		Trumbull		СТ	06611
Principal Occupation	<u> </u>	Name of Employe	er		
Sales Director		Icon,	Intl.		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or  Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?		
government the contract is with:  Executive  Legislative			x <sub>No</sub>		
Is this contribution associated with a	Date	Received	Aggregate Contributions		
Tunidasing event issed in Section 31:					
If yes list Event # 06092014A	05/3	31/2014	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor Itemized Statement accompanying application for Public Grant - Amendment								
B. Itemized Contributions from Individuals								
Last Name Devlin	First	Laura		MI	Contribution ID #			
Residential Street Address	City			State	Zip Code			
85 Brett Ln	L	Fairfield		СТ	06824			
Principal Occupation  Principal/Consultant		Name of Employ	<sup>er</sup> egic Communications Consult	tina, LLC				
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or		unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative		иерениен енни с	x No					
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check  Money Order X Credit/Debit Card	05/3	31/2014	\$150.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Rea		Carla			2345			
Residential Street Address	City			State	Zip Code			
2 Tupelo Rd	L	Westport		СТ	06880			
Principal Occupation		Name of Employ						
realtor			mploeed					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child of	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of  Executive  Legislative			x <sub>No</sub>					
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Yes  Cash  Personal Check								
If yes, list Event # Cash Money Order X Credit/Debit Card	06/0	01/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Overby		James		К	2127			
Residential Street Address	City			State	Zip Code			
105 Pine Ridge Rd	<u> </u>	Wilton		СТ	06897			
Principal Occupation  Retired		Name of Employ Retire						
			obbyist spouse or	Amoi	ant of Contribution			
Yes 🔼 N	0	dependent child of						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
Tundraising event listed in Section 11?								
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	06/0	01/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Wilson		John		S	2092			
Residential Street Address	City			State	Zip Code			
24 Hanson Rd	١.,	Darien		СТ	06820			
Principal Occupation  Retired		Name of Employ Retire						
			-11	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	0	dependent child of	·					
government the contract is with:			x <sub>No</sub>	]				
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	06 //	01/2014	\$100.00		\$100.00			
If you list Eyent # 06012014A	1 00/0	01/2014	\$100.00	I	φ100.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Mckinney For Governor			Itemized Statement accompan Grant - Amendment	ying applicat	ion for Public				
B. Itemized Contributions from Individuals									
Last Name Langalis	First	Tammy		MI C	Contribution ID # 2093				
Residential Street Address	City	,		State	Zip Code				
11 Indian Spring Rd	,	Rowayton		СТ	06853				
Principal Occupation	•	Name of Employ	er		•				
Real Estate		Self							
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # 06012014A  No	06/0	01/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Barker		James		R	2100				
Residential Street Address	City			State	Zip Code				
180 Long Neck Pt		Darien		СТ	06820				
Principal Occupation		Name of Employ	er						
Chairman			ake S/S						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  Yes	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		i	x <sub>No</sub>						
government the contract is with:	Date	Received	Aggregate Contributions						
Is this contribution associated with a fundraising event listed in Section J1?									
If yes, list Event # 06012014A No Cash No Money Order Credit/Debit Card	06/0	01/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Burton		Charlotte		L	2101				
Residential Street Address	City			State	Zip Code				
21 Indian Spring Rd	<u> </u>	Rowayton		СТ	06853				
Principal Occupation		Name of Employ							
Chairman  Is contributor a principal of a state contractor or prospective state contractor?			Longyear, LLC obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child of		Alliou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31:									
If yes, list Event # 06012014A No Money Order Credit/Debit Card	06/0	01/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Kamford		Daria			2102				
Residential Street Address	City			State	Zip Code				
90 Christie Hill Rd	L	Darien		СТ	06820				
Principal Occupation		Name of Employ							
Real Estate Sales Person		Halste Is contributor at	abbriet enauge or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	0	dependent child of	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
government the contract is with:  Is this contribution associated with a fundricing over third in Section 112.	Date	Received	Aggregate Contributions						
Tunidialising event listed in Section 31:									
No Cash Personal Check	06/0	01/2014	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	wing applicat	ion for Dublic				
Mckinney For Governor Itemized Statement accompanying application for Public Grant - Amendment									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Sanford		Virginia		V	2119				
Residential Street Address	City			State	Zip Code				
PO Box 504		Fairfield		СТ	06824				
Principal Occupation  Name of Employer  N/a  N/a									
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent child c	x No						
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	ł					
fundraising event listed in Section J1?	Dute	Received	riggiogue Controutions						
If yes, list Event #	06/	01/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Garofoli, III		Joseph		A	2091				
Residential Street Address	City			State	Zip Code				
5 Molly Ln		Darien		СТ	06820				
Principal Occupation		Name of Employ	er		•				
Finance		Roe G							
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:		dependent enna c	x No						
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions						
No Cash X Personal Check	06/	01/2014	\$100.00		\$100.00				
If yes, list Event# 06012014A			•	<u> </u>					
Last Name	First			MI	Contribution ID #				
Calve		Ann		Е	2098				
Residential Street Address	City			State	Zip Code				
67 Hollow Tree Ridge Rd		Darien		СТ	06820				
Principal Occupation		Name of Employ							
Travel Agent  Is contributor a principal of a state contractor or prospective state contractor?			Canaan Travel World obbyist, spouse, or	Amou	unt of Contribution				
Yes 🔼 N	o	dependent child of	Vac	Amou	nt of Contribution				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No						
Is this contribution associated with a fundamining quent listed in Section 112	Date	Received	Aggregate Contributions						
Tunidiasing event instead in Section 71:									
If yes, list Event # 06012014A No Cash Money Order Credit/Debit Card	06/	01/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Calve		Robert		D	2099				
Residential Street Address	City			State	Zip Code				
67 Hollow Tree Ridge Rd		Darien		СТ	06820				
Principal Occupation		Name of Employ							
Builder			ills Builders	<del> </del>					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	о	dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		-	x <sub>No</sub>						
government the contract is with.	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?									
If yes, list Event # 06012014A	06/	01/2014	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT					C. C. D. B.
Mckinney For Governor			Itemized Statement accompan Grant - Amendment	ying applicat	ion for Public
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Maglathin		Laurie		Α	2096
Residential Street Address	City			State	Zip Code
9 Pratt Is		Darien		СТ	06820
Principal Occupation		Name of Employ	er		
Homemaker		N/a			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	,	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Bute	Received	Aggregate Contributions		
No Cash X Personal Check	06/0	01/2014	\$100.00		\$100.00
If yes, list Event # 06012014A	00,0	51,2011	Ψ100.00		<b>4100.00</b>
Last Name	First			MI	Contribution ID #
Maglathin		Peter		В	2097
Residential Street Address	City			State	Zip Code
9 Pratt Is		Darien		СТ	06820
Principal Occupation		Name of Employ	er		!
CEO		MSI I	nc.		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	int of Contribution
		dependent child o	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No		
Is this contribution associated with a	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31?					
No No Tresonal enter	06/0	01/2014	\$100.00		\$100.00
If yes, list Event # 06012014A					
Last Name	First			MI	Contribution ID #
Lener		Rita			2118
Residential Street Address	City			State	Zip Code
4 Ridge Dr		Westport		СТ	06880
Principal Occupation		Name of Employe	er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le dependent child of	obbyist, spouse, or  Yes	Amou	int of Contribution
If yes, indicate which branch or branches of  Executive  Legislative		dependent enna e	x No		
government the contract is with:	لـــا				
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	06.10	01/2014	¢2E 00		¢25.00
If yes, list Event # 06082014A	06/0	01/2014	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Stack	That	Cathleen		S	2094
Residential Street Address	City	Cutilicen		State	Zip Code
198 Mansfield Ave	City	Darien		CT	06820
Principal Occupation		Name of Employ	er	C.	00020
Ad. Sales		Daily			
		-	obbyist, spouse, or	Amou	int of Contribution
Yes X No		dependent child o	Vac		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
s this contribution associated with a fundraising event listed in Section J1?					
If yes, list Event # 06012014A	06/0	01/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Mckinney For Governor			Itemized Statement accompan Grant - Amendment	ying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuals	State 7 thorasione		
Last Name	First			MI	Contribution ID #
Stack		Christopher		А	2095
Residential Street Address	City			State	Zip Code
198 Mansfield Ave	L.,	Darien		СТ	06820
Principal Occupation		Name of Employe	er		
Attorney		Self			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	Is contributor a le dependent child o	obbyist, spouse, or f a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1?					
No No Personal Check	06/0	01/2014	\$100.00		\$100.00
If yes, list Event# 06012014A					
Last Name	First			MI	Contribution ID #
Dineen		David		Р	2086
Residential Street Address	City			State	Zip Code
20 Bayberry Ln	Щ,	Darien		СТ	06820
Principal Occupation		Name of Employe			
Banker			al One Bank	۸	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child o	obbyist, spouse, or fa lobbyist? Yes	Amot	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1?  X Yes Method of contribution:  Gash Resonal Check					
□ No □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	06/0	01/2014	\$100.00		\$100.00
If yes, list Event # 06012014A					
Last Name	First			MI	Contribution ID #
Tuzinkiewicz		Paul		J	2087
Residential Street Address	City			State	Zip Code
14 East Trl	Щ,	Darien		СТ	06820
Principal Occupation  Banker		Name of Employe	o Securities USA, Inc.		
			obbyist, spouse, or	Amou	unt of Contribution
is contributor a principal of a state contractor or prospective state contractor?  Yes  N	О	dependent child o		1 111100	an of controunon
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No		
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31?					
If yes, list Event # 06012014A	06/0	01/2014	\$100.00		\$100.00
in year, in the state of the st				l	
Last Name	First			MI	Contribution ID #
Pegler, Jr.	a:	William		Н	2088
Residential Street Address	City	Davies		State	Zip Code
31 Point O' Woods Rd Principal Occupation	<u> </u>	Name of Employe	or	СТ	06820
Banker			of America Merrill Lynch		
			11	Amou	ınt of Contribution
Yes X N	0	dependent child o	Vac		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
Tunidialising event listed in Section 31:					
If yes, list Event # 06012014A No Anney Order Credit/Debit Card	06/0	01/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (Se	ection A-I)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor			Itemized Statement accompan Grant - Amendment	ying applicat	ion for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Reardon		Michael		J	2089			
Residential Street Address	City			State	Zip Code			
7 Raiders Ln	<u> </u>	Darien		СТ	06820			
Principal Occupation		Name of Employ	er					
C00		N/a						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			1.99.18					
No Cash X Personal Check	06/0	01/2014	\$100.00		\$100.00			
If yes, list Event # 06012014A			·					
Last Name	First			MI	Contribution ID #			
Hennessy		Joanne		K	2090			
Residential Street Address	City			State	Zip Code			
72 Holly Ln		Darien		CT	06820			
Principal Occupation		Name of Employ	er					
Homemaker		N/a						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	Is contributor a l dependent child of	obbyist, spouse, or  of a lobbyist?  Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent enna e						
government the contract is with:  Executive Legislative		D 1 1						
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	06/0	01/2014	\$100.00		\$100.00			
If yes, list Event # 06012014A	00/0	01/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Dunne		William			2346			
Residential Street Address	City			State	Zip Code			
2 Devils Garden Rd		Norwalk		СТ	06854			
Principal Occupation		Name of Employ	er					
RETIRED		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or  Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent child of	a lobbyist:					
government the contract is with:			x No					
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
No Cash Personal Check	06.11	21 /2014	#3F 00		+25.00			
If yes, list Event # 04052014A No Money Order X Credit/Debit Card	06/0	01/2014	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Garofoli	1 1130	Susan		S	2462			
Residential Street Address	City	Jusuii		State	Zip Code			
5 Molly Ln	,	Darien		СТ	06820			
Principal Occupation	<u>'                                    </u>	Name of Employ	er					
		none						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or  Yes	Amou	int of Contribution			
	U	dependent child of	of a foodyist?					
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tunidraising event instead in Section 31:								
If yes list Event # Cash Cash Personal Check	06/0	01/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (Se	ection A-D						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Mckinney For Governor			Itemized Statement accompan	ying applicat	on for Public			
Grant - Amendment  B. Itemized Contributions from Individuals								
Last Name	First	ii viuuui 5		MI	Contribution ID #			
Depanfilis	1 1150	Anthony		J	2112			
Residential Street Address	City	7		State	Zip Code			
18 Orchard Hill Rd		Westport		СТ	06880			
Principal Occupation	•	Name of Employ	er					
Judge of Probate		CT Pro	obate					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or  General Administration   Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a fundraicing event licted in Section II2	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Cash  Personal Check								
If yes, list Event # 06082014A No Money Order Credit/Debit Card	06/0	02/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Depanfilis	FIISt	Kathleen		IVII	2113			
Residential Street Address	City	Katilleeli		State	Zip Code			
18 Orchard Hill Rd	,	Westport		CT	06880			
Principal Occupation		Name of Employ	er					
Homemaker		Home	maker					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	nt of Contribution			
<del>-</del> -	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a X Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event risted in Section 31?								
If yes, list Event # 06082014A	06/0	02/2014	\$100.00		\$100.00			
	l							
Last Name	First			MI	Contribution ID #			
Leahy	City	John		P	2104			
Residential Street Address  160 Fairfield Woods Rd	City	Fairfield		State CT	Zip Code 06825			
Principal Occupation	<u> </u>	Name of Employ	er	Ci	00023			
Retired		Retire						
T			obbyist, spouse, or	Amou	nt of Contribution			
Yes A No	o	dependent child of						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a	Date	Received	Aggregate Contributions					
undraising event listed in Section 71?								
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	06/0	02/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Skala	City	Martin		Ct-t-	2103			
Residential Street Address  21 Gardner St	City	Darien		State CT	Zip Code 06820			
Principal Occupation	Ь	Name of Employ	er	CI	00020			
Retired		Retire						
			obbyist, spouse, or	Amou	nt of Contribution			
Yes X N	o	dependent child o	Vac					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tunidasing event instead in Section 31:								
If yes list Event # Cash Cash Personal Check    If yes list Event # Cash   Cash   Personal Check   Credit/Debit Card	06/0	02/2014	\$25.00		\$25.00			

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McKinney For Governor    S. Hernized Contributions from the National Section	I. MONETARY RECEIPT	S (Se	ection A-I)	1		
Table   Tabl						
Last Name	Mckinney For Governor				ying applicat	ion for Public
Routering   Server Authors   Server Au	B. Itemized Contributions from	n Ind	lividuals			
Part	Last Name	First			MI	Contribution ID #
Principal Characterist   Principal Continue or contractor   Continue	Conway		Richard			2111
Procupid Occupation   Lobbysist   Lobbys	Residential Street Address	City			State	Zip Code
Contributes processed of state contactor or proportions of the contribute as processed of state contactor or proportions of the contribute as processed of state contactor or proportions of the contribute as processed or show the formation of the contribute as processed or show the contribute as processed of state or contribute as processed of state or contribute as processed of state or contribute as processed or show the fractor of branches of large and the contribute as processed or show the fractor of branches or large as processed or show the contribute as processed or show the fractor for branches of large as processed or show the fractor of branches of large as processed or show the fractor of branches of large as processed or show the fractor of branches of large as processed or show the fractor of branches of large as processed or show the fractor of branches of large as processed or show the fractor of branches of large as processed or show the fractor of branches of large as processed or show the fractor of branches of large as processed or show the fractor of branches of large as processed or show the fractor of branches of large as processed or show the fractor of branches of large as processed or show the fractor of branches of large as processed or show the fractor of branches of large as processed or show the fractor of branches of large as processed or show	80 Blue Ridge Rd		Berlin		СТ	06037
1. Securithetics a principal of a state centractor or prospective static contribution   1. Security   1. Securi	Principal Occupation		Name of Employ	er		
1/ye, inclicious wisch-terush or branches of comment in which comment in c				,.		
Decomposition   Decompositi	Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)		X 37	Amou	int of Contribution
Agreemant Section   Agre	Evacutiva Lagislativa			□ No		
Tyes, list   Feet	Taddis a supplification are a sixed units a	Date	Received	Aggregate Contributions		
Last Name	tundraising event listed in Section 31?					
All and Name	X No	06/0	02/2014	\$100.00		\$100.00
Residential Street Authors	If yes, list Event #					
Residential Sizeer Address	Last Name	First			MI	Contribution ID #
Note   Free   Note			Colin			
Principal Oscupation    Clergy		City				1
Clergy		<u> </u>			СТ	06897
Secutive   Process   Pr						
Yes   So   No   So   No   So   No   No   No					Amou	ent of Contribution
	Yes X No	)		Vac	Amou	int of Contribution
Secontribution associated with a fundraising event listed in Section 11?	Evacutiva Lagislativa			x <sub>No</sub>		
## Descond Check   Clear   Personal Check   Per	government the contract is with:	Date	Received			
Amount	rundraising event fisted in Section 31?					
Last Name Brown, Jr.  Residential Street Address Retired  If yes, indicate which branch or branches of government the contraction associated with a fundraising event listed in Section 17?  Residential Street Address Residential Street Address Retired  If yes, indicate which branch or branches of a contribution associated with a fundraising event listed in Section 17?  Residential Street Address Retired  If yes, indicate which branch or branches of a contribution associated with a fundraising event listed in Section 17?  Residential Street Address Retired  Is contributor a principal of a state contractor or prospective state contractor?  Retired  Is contributor a principal of a state contractor or prospective state contractor?  Retired  Retired  Retired  Retired  Retired  Residential Street Address Residential Street Address Residential Street Address Retired  Reti	No No Tresonal enter	06/0	02/2014	\$100.00		\$100.00
Srown, Jr.   State	If yes, list Event # 06082014A					
Residential Street Address	Last Name	First			MI	Contribution ID #
Name of Employ=   Secontribution a principal of a state contractor or prospective state con	Brown, Jr.		James		Т	2116
Principal Occupation Retired    Secontributor a principal of a state contractor or prospective state contractor?	Residential Street Address	City			State	Zip Code
Retired   Retired   Secontributor a principal of a state contractor or prospective state contractor?   Yes   No   Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes   No   No   No   No   No   No   No   N			Wilton		СТ	06897
Is contributor a principal of a state contractor or prospective state contractor?    Yes   X   No						
If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event # 06082014A						
Security   Legislative   Date Received   Aggregate Contributions   Aggregate Contributions   \$100.00   \$10	is contributor a principal of a state contractor or prospective state contractor?	)			Amou	int of Contribution
Is this contribution associated with a fundraising event listed in Section J1?    Section J1	Evacutiva Lagislativa		•	x <sub>No</sub>		
fundraising event listed in Section J1?  If yes, list Event # 06082014A	government the contract is with:	Date	Received			
If yes, list Event # 06082014A No Money Order Credit/Debit Card 06/02/2014 \$100.00 \$10	tundraising event listed in Section 31?					
Last Name Brown  Residential Street Address City 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:  Is this contribution associated with a fundraising event listed in Section J1?    Cash   X   Personal Check   Name of Employer	U No I ☐ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	06/0	02/2014	\$100.00		\$100.00
Brown  Residential Street Address City State  Alice  City State  Zip Code  Tip O6897  Principal Occupation Retired  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:  Is this contribution associated with a fundraising event listed in Section J1?  Name of Employer  Retired  Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes Amount of Contribution  Amount of Contribution  Aggregate Contributions  \$100.00	If yes, list Event # 06082014A					
Residential Street Address  135 Middlebrok Farm Rd  Principal Occupation 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:  Is this contribution associated with a fundraising event listed in Section J1?  Name of Employer Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  Method of contribution:  Date Received  Aggregate Contributions  \$100.00	Last Name	First			MI	Contribution ID #
Principal Occupation 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:  Is this contribution associated with a fundraising event listed in Section J1?  Name of Employer  Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  No  Date Received  Aggregate Contributions  \$100.00 \$100.00	Brown		Alice		В	2117
Principal Occupation 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:  Is this contribution associated with a fundraising event listed in Section J1?  No  Name of Employer  Retired  Amount of Contribution  Legislative  Legislative  Date Received  Aggregate Contributions  \$\frac{1}{2}\$\$ Amount of Contribution  Amount of Contribution  Amount of Contribution  Aggregate Contributions  \$\frac{1}{2}\$\$ No  \$\	Residential Street Address	City			State	Zip Code
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:  Is this contribution associated with a fundraising event listed in Section J1?  No  Retired  Amount of Contribution dependent child of a lobbyist?  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a lobbyist?  Yes  No  Date Received  Aggregate Contributions  \$\frac{1}{2} \text{No} \text{No} \text{Sino.00} \text{Sino.00} \text{Sino.00} \text{Sino.00}					СТ	06897
Is contributor a principal of a state contractor or prospective state contractor?    Yes   X   No   Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes   X   No   Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes   X   No   Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes   X   No   Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes   X   No   Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes   X   No   Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes   X   No   Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes   X   No   Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes   X   No   Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes   X   No   Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes   X   No   Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes   X   No   Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes   X   No   Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes   X   No   Is contributor a lobbyist   Yes   X   No						
If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  No  Cash  Personal Check  O6/02/2014  \$100.00						ant of Court 1 at
If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  No Cash Personal Check  O6/02/2014  \$100.00	is contributor a principal of a state contractor or prospective state contractor?	)		Vac	Amou	int of Contribution
Is this contribution associated with a fundraising event listed in Section J1?    X Yes	Evacutiva Lagislativa			•		
fundraising event listed in Section J1?    X Yes	government the contract is with:	Date	Received			
$\bigcup_{N_0}$ $\bigcap_{n=1}^{\infty}$ $\bigcap_{n=1}^{\infty}$ $\bigcup_{n=1}^{\infty}$ $\bigcup_{n$	fundraising event listed in Section J1?			300 John June 1919		
	If yes, list Event # 060820144	06/0	02/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT					
Mckinney For Governor			Itemized Statement accompar Grant - Amendment	nying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuals	Clarit / monament		
Last Name	First			MI	Contribution ID #
Traver		Douglas			2347
Residential Street Address	City			State	Zip Code
18 Nolen Ln		Darien		СТ	06820
Principal Occupation		Name of Employe	er	-	•
Corporate Finance Adviser		Covev	view Advisors		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child o	<u> </u>		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check					
If yes, list Event # No Money Order X Credit/Debit Card	06/0	02/2014	\$100.00		\$100.00
T. M	F: .			1.0	C C C D
Last Name	First	1		MI	Contribution ID #
Traver Residential Street Address	City	Jean		State	2348
	City	Darion		CT	Zip Code 06820
18 Nolen Ln Principal Occupation		Darien Name of Employe	or	CI	00020
Teacher			ford Public Schools		
			obbyist, spouse, or	Amor	int of Contribution
is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	о	dependent child o	Voc		
If yes, indicate which branch or branches of  Executive  Legislative			x <sub>No</sub>		
Is this contribution associated with a Mathod of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes. list Event # Cash Personal Check  No Money Order X Credit/Debit Card	06/0	02/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Classy		Candace			2349
Residential Street Address	City			State	Zip Code
286 S Benson Rd		Fairfield		СТ	06824
Principal Occupation		Name of Employe	er		
Operations manager		Doyle	Partnership		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child o	obbyist, spouse, or  Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent cinia o	a lobbyist:		
government the contract is with:  Executive Legislative			x No		
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check	06.11	04/2014	¢100.00		¢100.00
If yes, list Event # Money Order X Credit/Debit Card	06/0	04/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Steinberg	1 1150	Hal		1411	2359
Residential Street Address	City			State	Zip Code
1881 N Nash St		Arlington		VA	22209
Principal Occupation	-	Name of Employe	er		
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child o	of a fobbyist?		
government the contract is with:  Executive Legislative			x <sub>No</sub>	]	
Is this contribution associated with a	Date	Received	Aggregate Contributions		
Tunidiaising event risted in Section 31?					
If yes list Event # No	06/0	04/2014	\$100.00		\$100.00

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Y MOVEMENT DE CENTER	0 (0									
I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT										
Mckinney For Governor Itemized Statement accompanying application for Public  Grant - Amendment										
B. Itemized Contributions from Individuals										
Last Name	First			MI	Contribution ID #					
Charas		Solange			2361					
Residential Street Address	City			State	Zip Code					
333 E 75th St , PHC		New York		NY	10021					
Principal Occupation		Name of Employ	er							
President Charas Consulting, Inc.										
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or  Yes	Amou	nt of Contribution					
If yes, indicate which branch or branches of	,	dependent child of	of a foodylst?							
government the contract is with:			x <sub>No</sub>							
Is this contribution associated with a fundraicing a yeart listed in Section 112.	Date	Received	Aggregate Contributions							
Parconal Cheek										
If yes, list Event # 04052014A No Money Order X Credit/Debit Card	06/0	04/2014	\$10.00		\$10.00					
11 yes, list Event # 04052014A I Money Order I Credio Deort Card										
Last Name	First			MI	Contribution ID #					
cook		jay			2355					
Residential Street Address	City			State	Zip Code					
980 Lake Ave		Greenwich		СТ	06831					
Principal Occupation		Name of Employ	er							
RETIRED		N/A								
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution					
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?							
government the contract is with:			x No							
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions							
fundraising event listed in Section J1?  Cash  Personal Check										
□ No □ □	06/0	04/2014	\$100.00		\$100.00					
If yes, list Event #										
Last Name	First			MI	Contribution ID #					
Dugan		Hugh			2360					
Residential Street Address	City			State	Zip Code					
2 Edgehill Rd		New Haven		СТ	06511					
Principal Occupation		Name of Employ	er	-	-					
Diplomat		US De	ept of State							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution					
	,	dependent child of	a lobbyist:							
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No							
Is this contribution associated with a fundamining awart listed in Section 112.	Date	Received	Aggregate Contributions							
Indicatasing event instead in Section 71?										
□ No □ □	06/0	04/2014	\$100.00		\$100.00					
If yes, list Event # 04052014A										
Last Name	First			MI	Contribution ID #					
mayer		john			2357					
Residential Street Address	City			State	Zip Code					
7 Upland Dr		Greenwich		СТ	06831					
Principal Occupation Name of Employer										
RETIRED N/A										
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution					
If yes, indicate which branch or branches of	-	dependent child of	of a foodyist?							
government the contract is with:  Executive Legislative			x <sub>No</sub>							
Is this contribution associated with a	Date	Received	Aggregate Contributions							
Tundraising event listed in Section J1?										
If yes, list Event # Cash Credit/Debit Card	06/0	04/2014	\$100.00		\$100.00					

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor  Itemized Statement accompanying application for Public								
B. Itemized Contributions from	n Ind	lividuals	Grant - Amendment					
	_	iividais			G (7 ( ID //			
Last Name Kniffen	First	Jan		MI	Contribution ID # 2356			
Residential Street Address	City			State	Zip Code			
19 Boulder Brook Rd		Greenwich		СТ	06830			
Principal Occupation		Name of Employ	er					
consultant		J Rog	ers Kniffen WWE, LLC					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a fundaming award listed in Section 112.	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?  Cash  Personal Check								
If yes, list Event # 04052014A	06/0	04/2014	\$100.00		\$100.00			
Lav	г							
Last Name	First	_		MI	Contribution ID #			
Kery		Dana			2351			
Residential Street Address	City	=		State	Zip Code			
7 Green Acres Ln		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er					
None  Is contributor a principal of a state contractor or prospective state contractor?		None Is contributor at	obbyist, spouse, or	Amou	ant of Contribution			
is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	Vac	Alliot	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			1.00.10.10					
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	06/0	04/2014	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
Kery	FIISt	Timothy		WII	2352			
Residential Street Address	City			State	Zip Code			
7 Green Acres Ln		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er					
VP Business Development		Sagar	more Group					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  Yes		Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (	x No					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Dute	received	riggregate contributions					
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	06/0	04/2014	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
Blaine	THSC	Kathleen		1411	2353			
Residential Street Address	City	Ratificen		State	Zip Code			
97 Village Ln		Southport		CT	06890			
Principal Occupation		Name of Employ	er					
Homemaker			maker					
Is contributor a principal of a state contractor or prospective state contractor?  Is contributor a lobbyist, spouse, or Amount of Contribution								
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with:	Det	Received		-				
s this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event # 04052014A	06/0	04/2014	\$25.00		\$25.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor Itemized Statement accompanying application for Public Grant - Amendment								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Blaine		Breen			2354			
Residential Street Address	City			State	Zip Code			
97 Village Ln		Southport		СТ	06890			
Principal Occupation		Name of Employ						
VP North American Paper Sales  Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Voc	Amou	iit of Contribution			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a	Date	Received	Aggregate Contributions					
Parsonal Chack								
If yes, list Event # 04052014A No Money Order X Credit/Debit Card	06/	04/2014	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Monsarrat		Margaret		0	2128			
Residential Street Address	City			State	Zip Code			
370 N Park Ave		Easton		СТ	06612			
Principal Occupation		Name of Employ	er					
Retired		Retire		•				
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
government the contract is with:  In this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Dute	Received	riggregate contributions					
X No Cash X Personal Check	06/	04/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Kuck		John		Н	2129			
Residential Street Address	City			State	Zip Code			
14 Verona Dr		Riverside		СТ	06678			
Principal Occupation N/a		Name of Employ  N/a	er					
·			obbyist, spouse, or	Amou	nt of Contribution			
Yes 🔼 No	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event listed in Section J1?								
If yes, list Event # Cash Credit/Debit Card	06/	04/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Mayer	1 1150	Barbara		P	2130			
Residential Street Address	City			State	Zip Code			
7 Upland Dr		Greenwich		СТ	06831			
Principal Occupation	-	Name of Employ	er	•	•			
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of  Executive  Legislative		sependent emitt	x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	20001700	1.58108ate Continuations					
X No Cash X Personal Check	06/	04/2014	\$100.00		\$100.00			
If yes, list Event #		•						

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Mckinney For Governor Itemized Statement accompanying application for Public Grant - Amendment									
B. Itemized Contributions from Individuals									
Last Name Shaffer	First	Jillian		MI	Contribution ID #				
Residential Street Address	City	3		State	Zip Code				
251 Middlebrook Dr		Fairfield		СТ	06824				
Principal Occupation	_	Name of Employ	er	•	1				
Sales		Outdo	oor Design & Living						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions	1					
No Cash Personal Check	06/0	04/2014	\$25.00		\$25.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Bray		Adrian			2350				
Residential Street Address	City			State	Zip Code				
57 Little Brook Rd	Щ,	Wilton		СТ	06897				
Principal Occupation		Name of Employ							
General Manager			International Banking System						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child of	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
government the contract is with:	Date	Received	Aggregate Contributions	1					
Is this contribution associated with a fundraising event listed in Section J1?  X Yes Method of contribution:									
If yes, list Event # 04052014A No Cash Personal Check  Money Order X Credit/Debit Card	06/0	04/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Dubois		Constance		В	2175				
Residential Street Address	City			State	Zip Code				
3030 Park Ave Rm 2015	L.,	Bridgeport		СТ	06604				
Principal Occupation		Name of Employ							
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
Tundraising event listed in Section 11?									
If yes, list Event # Cash Money Order Personal Check    Money Order   Credit/Debit Card	06/0	05/2014	\$75.00		\$75.00				
Last Name	First			MI	Contribution ID #				
Pagnozzi		Nicholas			2131				
Residential Street Address	City			State	Zip Code				
1496 Fairfield Woods Rd	L.	Fairfield		СТ	06825				
Principal Occupation		Name of Employ							
N/a  Is contributor a principal of a state contractor or prospective state contractor?			ystems obbyist, spouse, or	Amou	unt of Contribution				
Yes X N	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	0.5 11	05/2014	±50.00		<b>+</b> F0.00				
No   No   O No   O No	06/0	05/2014	\$50.00		\$50.00				

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Makinney For Governor	I. MONETARY RECEIPT	S (Se	ection A-D				
Secondary   Seco							
Entity Name Tower	Mckinney For Governor			'	ying applicat	on for Public	
Tower	B. Itemized Contributions from	n Ind	lividuals	Grant - Amendment			
Residential Stock Address   Cry					MI	Contribution ID #	
Trincipal Cooperation	Tower		Mary		E	2132	
Name of Employer    Name of Employer	Residential Street Address	City	<u> </u>		State	Zip Code	
Nya  Nya  Nya  Nya  Nya  Nya  Nya  Nya	12 Greens Farm Holw		Westport		СТ	06880	
is centificator a principal of a state contractor or prospective state contractor?    If yes, indicate which humber or branches of sourcement the contract six with a flustrational contraction of the contract six with a flustrational contract or prospective sinter contractor?    Yes   X   No.	Principal Occupation		Name of Employ	er		-	
If yes, indicate which branch or branches of corntract is with.  Is this contribution social of with a fundationing event listed in Section 31?  If yes, list Livent 8  We have of Confley  Residential Street Address  First  Confley  Residential Street Address  First  Town of Fairfield  Social Social Street Address  Social Social Street Address  First  Town of Fairfield  Social Social Street Address  First  Town of Fairfield  Social Social Street Address  Social Social Street Address  Social Street Address  First  Social Social Street Address  First  William  First  Mil Contribution Street Address  Social Street Address  Social Street Address  Social Street Address  Social Street Address  First  Mil Contribution Street Address  Social Street Address  Social Street Address  First  William  First  Mil Contribution Street Address  Social Street Addr	N/a		N/a				
If yes, indicate which branch or branches of large contributions associated with a fundamental contribution subscribed with a fundamental contribution associated with a fundamental contribution associated with a fundamental steep of the f	Is contributor a principal of a state contractor or prospective state contractor?	,		Voc	Amou	nt of Contribution	
Severement the contract is whell:  List scentification secretal with a find-national process of prospective state contractor?  Land Name  Conley  Residential Steece Address  Building Official  List opening and contraction or prospective state contractor?  List Name  List Name  Conley  Residential Steece Address  Building Official  List contribution a principal of a state contractor or prospective state contractor?  List Name  List Name  List Name  Redgate, II  List Name  Redgate, I	If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?			
findinatising event listed in Section J17  If yes, list Event #  Conley  Conley  Residential Street Address  City  Building Official  Security of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of contract six with.  It was contribution as principal of a state contractor or prospective state contractor?  No  City  Redigate, JI  Residential Street Address  Solution of Fairfield  South Date Received  Aggregate Contributions  Mil Contribution ID #  Conflex  Amount of Contribution ID #  Contribution a principal of a state contract or prospective state contractor?  No  City  Redigate, JI  Residential Street Address  Solution of Fairfield  South Date Received  Aggregate Contributions  Mil Contribution of Fairfield  South Date Received  Aggregate Contributions  Mil Contribution ID #  Contribution ID #  Contribution ID #  Amount of Contribution ID #  William  Redigate, JI  Residential Street Address  Solution of Fairfield  City  Redired  City  Retired  Solution of Employer  Amount of Contribution ID #  Amount of Contribution	government the contract is with:						
Personal Check   Money Order   Personal Check   Persona	Voc	Date	Received	Aggregate Contributions			
Money Order							
Thomas		06/0	05/2014	\$50.00		\$50.00	
Conley  Residential Street Address  Building Official  Secontributor a principal Occupation Building Official  Secontributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of 26 Rectired  Secontributor a principal of a state contractor or prospective state contractor?  Tosh of Fairfield  Secontributor a principal of a state contractor or prospective	Lord Name	Einst			М	Contribution ID#	
Residential Street Address		FIISt	Thomas				
Name of Employer   Security   S	,	City	THOMas		-		
Principal Occupation Building Official  Is contributor a principal of a state contractor or prospective state contractor?		City	Fairfield				
Building Official  Is contributor a principal of a state contractor or prospective state contractor?    Yes   X   No				er	<u> </u>		
If yes, indicate which branch or branches of sovermment the contract of with:    Executive   Legislative   Date Received   Aggregate Contributions associated with a fundraising event listed in Section J1?   Yes   Method of contribution:   Credit/Debit Card   O6/05/2014   \$25.00   \$25.00			Town	of Fairfield			
If yes, indicate which branch or branches of sovernment the contract is with:  Is this contribution associated with a fundraising event listed in Section 11?  If yes, list Event # Method of Contribution:  I				obbyist, spouse, or	Amou	nt of Contribution	
Security   Legislative   Legislative   Legislative   Legislative   Recurrent   Recontributions associated with a fundraising event listed in Section II?   Yes   Method of contribution:   Cash   Personal Check   Now   Personal		)	dependent child of	of a lobbyist?			
fundraising event listed in Section J1?    Yes   No	Evanutiva Lagislativa			x No			
If yes, list Event # Personal Check   Money Order   Credit/Debit Card   O6/05/2014   \$25.00   \$25.00    Last Name   First   William   T   2133    Residential Street Address   City   State   Zip Code    26 Rock Major Rd   Fairfield   CT   O6824    Principal Occupation   Retired   Retired    Is contributor a principal of a state contractor or prospective state contractor?   Yes   No   Stontibutor a principal of a state contractor or prospective state contractor?   Yes   No   Stontibutor a principal of a state contractor or prospective state contractor?   Yes   No   Stontibutor a principal of a state contractor or prospective state contractor?   Yes   No   Stontibutor a principal of a state contractor or prospective state contractor?   Yes   No   Stontibutor a principal of a state contractor or prospective state contractor?   Yes   No   Stontibutor a principal of a state contractor or prospective state contractor?   Yes   No   Stontibutor a principal of a state contractor or prospective state contractor?   Yes   No   Stontibutor a principal of a state contractor or prospective state contractor?   Yes   No   Stontibutor a principal of a state contractor or prospective state contractor?   Yes   No   Stontibutor a principal of a state contractor or prospective state contractor?   Yes   No   Stontibutor a principal of a state contractor or prospective state contractor?   Yes   No   Stontibutor a principal of a state contractor or prospective state contractor?   Yes   No   Stontibutor a principal of a state contractor or prospective state contractor?   Yes   No   Stontibutor a principal of a state contractor or prospective state contractor?   Yes   No   No   Yes   No   No   Yes   No   No   Yes   No   No   No   No   No   No   No   N	Vac	Date	Received	Aggregate Contributions			
Last Name   Redgate, IT   Residential Street Address   Remainstrain   Residential Street Address   Remainstrain   Remainstrain   Residential Street Address   Remainstrain   Remainstrain   Rediamonary   Remainstrain   Remainstrain   Rediamonary   Remainstrain   Remainstrain   Rediamonary   Remainstrain   Remainstrain   Rediamonary   Remainstrain   Remainstrain   Remainstrain   Remainstrain   Rediamonary   Remainstrain   Rediamonary   Remainstrain   Remainstrain   Rediamonary   Remainstrain   Rediamonary   Remainstrain   Rediamonary   Remainstrain   Rediamonary   Remainstrain   Remainstrain   Rediamonary   Remainstrain   Rediamonary   Remainstrain   Rediamonary   Red	fundraising event fisted in Section 31?						
Last Name Redgate, II Residential Street Address Residential Street Address  City Retired  South Base on tributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contributor a sprincipal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of wovernment the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #  Method of contribution:    Cash   X   Personal Check   Ob/O   Debit Card     Credit/Debit Card   Ob/O   Debit Card     Shella   State   Oblivation     Shella   State   Oblivation     Shella   State   Oblivation     State   Oblivation     Contribution     Contribution     Shella   State   Oblivation     Contribution     Cont	Ŭ No │☐ ☐	06/0	05/2014	\$25.00		\$25.00	
Redgate, II							
Residential Street Address 2 G Rock Major Rd  Principal Occupation 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:  Is this contribution associated with a fundraising event listed in Section J1?  Last Name Weinberg  Residential Street Address 111 Ravine Glade  Principal Occupation    Cash   Personal Check   Cash   Personal Check   Credit/Debit Card   Credit/Debi		First					
Fairfield CCT 06824  Principal Occupation Retired  Is contributor a principal of a state contractor or prospective state ontractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #  Legislative  Date Received Aggregate Contributions  Personal Check Of-05/2014  Sheila  First  Weinberg  Retired  CT 06824  Anount of Contribution abobysist, spouse, or dependent child of a lobbysist, spouse, or dependent child of a lobbysist?  Aggregate Contributions  First  Weinberg  Sheila  CT 06824  Anount of Contribution abobysist, spouse, or dependent child of a lobbysist, spouse, or dependent child of a lobbysist?  No  Aggregate Contributions  First  Weinberg  Sheila  Contribution ID # 2362  State Zip Code  111 Ravine Glade  Principal Occupation  Name of Employer			William				
Principal Occupation 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:  Is this contribution associated with a fundraising event listed in Section JI?  If yes, list Event #		City	F-:-6:-14			_	
Retired  Is contributor a principal of a state contractor or prospective state contractor?				or	CI	00824	
Is contributor a principal of a state contractor or prospective state contractor?    Yes   X   No   Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes   X   No   Is contribution a lobbyist?   Yes   X   No   Yes							
If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  Last Name  Weinberg  Residential Street Address  Principal Occupation  Residential Street Address  Principal Occupation  Residential Street Address  Principal Occupation  Residential Street Address  Residential Street Address  Principal Occupation  Residential Street Address  Residential St	T				Amou	nt of Contribution	
government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #  Legislative  Date Received  Aggregate Contributions  \$50.00\$  \$50.00  \$50.00  Last Name  Weinberg  Residential Street Address  111 Ravine Glade  Principal Occupation  Residence  Nember   Cash   X   Personal Check   O6/05/2014   \$50.00   \$50.00      First   Shella   Contribution ID #   Cont	Yes X No	)					
Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #  Last Name  Weinberg  Residential Street Address  111 Ravine Glade  Method of contribution:  Method of contribution:    Yes	Evanutiva Lagislativa			x No			
If yes, list Event # Section 31:  Last Name Weinberg  Residential Street Address 111 Ravine Glade  Principal Occupation    X   Personal Check   O6/05/2014   \$50.00   \$50.00   \$50.00	To this contribution are sixed with a Mathed a Contribution.	Date	Received	Aggregate Contributions			
If yes, list Event # \$50.00 \$50.00  Last Name Weinberg Sheila Street Address City Glencoe IIL 60022  Principal Occupation Name of Employer	Tunidiaising event listed in Section 31:						
Last Name         First         MI         Contribution ID #           Weinberg         Sheila         2362           Residential Street Address         City         State         Zip Code           111 Ravine Glade         Glencoe         IL         60022           Principal Occupation         Name of Employer	L No I □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	06/0	05/2014	\$50.00		\$50.00	
Weinberg         Sheila         2362           Residential Street Address         City         State         Zip Code           111 Ravine Glade         Glencoe         IL         60022           Principal Occupation         Name of Employer	If yes, the Event if					-	
Residential Street Address City State Zip Code 111 Ravine Glade Glencoe IL 60022  Principal Occupation Name of Employer	Last Name	First			MI	Contribution ID #	
111 Ravine Glade     Glencoe     IL     60022       Principal Occupation     Name of Employer			Sheila				
Principal Occupation Name of Employer		City				_	
					IL	60022	
N/A IV/A				er			
Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or Amount of Contribution				ohhvist snouse or	Amor	nt of Contribution	
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No ls contributor a lobbyist, spouse, or dependent child of a lobbyist?  Amount of Contribution	Yes X No	)		Vac	Amou	in of Contitoution	
If yes, indicate which branch or branches of  Executive  Legislative  Legislative	Evacutiva Lagislativa			x <sub>No</sub>			
government die contact is with.	government the contract is with:	Date	Received				
fundraising event listed in Section J1?	fundraising event listed in Section J1?						
No Cash Personal Check 06/05/2014 \$100.00 \$100.00	If yes, list Event # Personal Check  No	06/0	05/2014	\$100.00		\$100.00	

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I. MONETARY RECEIPT	S (Se	ection A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Mckinney For Governor			Itemized Statement accompan Grant - Amendment	ying applicat	on for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Moynihan		Kevin			2367				
Residential Street Address	City			State	Zip Code				
135 Oenoke Rdg		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er						
RETIRED		N/A							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or  General Administration   Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	if a lobbyist?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Cash  Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	06/0	05/2014	\$200.00		\$50.00				
in you, in the folder in the f									
Last Name	First			MI	Contribution ID #				
Moynihan		Miriam			2368				
Residential Street Address	City			State	Zip Code				
135 Oenoke Rdg		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er						
RETIRED		N/A							
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent cinia c	<u> </u>						
government the contract is with:			x No						
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	06/0	05/2014	\$150.00		\$50.00				
				l	G . 7				
Last Name	First	1-66		MI	Contribution ID #				
Petty	G'i	Jeff		G	2363				
Residential Street Address	City	Maadawbaa		State PA	Zip Code				
993 Valley View Dr Principal Occupation		Meadowbroo		PA					
		Name of Employ WEL	ci						
Long Term Care  Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
Yes X No.	)	dependent child of	Vac	Amou	nt of Contribution				
If yes, indicate which branch or branches of  Executive  Legislative			x <sub>No</sub>						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			30 30						
No Cash Personal Check	06/0	05/2014	\$25.00		\$25.00				
If yes, list Event # Money Order X Credit/Debit Card	,		,						
Last Name	First			MI	Contribution ID #				
sargent		joseph			2364				
Residential Street Address	City			State	Zip Code				
90 Lancelot Dr .		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er	!					
RETIRED		N/A							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution				
	)	dependent child of	i a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
tundraising event listed in Section 31:									
If yes list Event # 04052014A	06/0	05/2014	\$100.00		\$100.00				

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor Itemized Statement accompanying application for Public								
B. Itemized Contributions from	n Ind	lividuals	Grant - Amendment					
Last Name	First			MI	Contribution ID #			
Harper		Roger			2365			
Residential Street Address	City			State	Zip Code			
476 Silvermine Rd		New Canaan		СТ	06840			
Principal Occupation		Name of Employ	er	•	•			
Interior Designer		self						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with:		p : 1						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	0.5 (	05/2044	+400.00		+100.00			
If yes, list Event # No Money Order X Credit/Debit Card	06/	05/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Magut	First	Jeffrey		IVII	2366			
Residential Street Address	City	Jenney		State	Zip Code			
493 Church Hill Rd	City	Trumbull		CT	06611			
Principal Occupation		Name of Employ	er	Ci	00011			
Public Defender			of Connecticut					
	Amou	unt of Contribution						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	dependent child of	obbyist, spouse, or of a lobbyist?  Yes					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
No Cash Personal Check	06/	05/2014	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Harper		Silvia			2377			
Residential Street Address	City			State	Zip Code			
1 Strawberry Ln		Sandy Hook		СТ	06482			
Principal Occupation	-	Name of Employ	er	-	•			
Referee assignor		Self e	mployed					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Cash  Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	06/	06/2014	\$25.00		\$25.00			
	F: .							
Last Name Backe	First	Christian		MI	Contribution ID #			
Residential Street Address	City	Cilistian		State	Zip Code			
388 Old Post Rd .	City	Fairfield		CT	06824			
Principal Occupation		Name of Employ	er	C.	1 00021			
student		na						
Yes X N	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a fundraigney event listed in Section 11?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
Powered Charles								
If yes, list Event # No Anney Order X Credit/Debit Card	06/	06/2014	\$100.00		\$100.00			

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	~ /~								
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Mckinney For Governor Itemized Statement accompanying application for Public  Grant - Amendment									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Ference		Francis			2381				
Residential Street Address	City			State	Zip Code				
84 Alma Dr		Fairfield		CT	06824				
Principal Occupation		Name of Employ	er						
Fire Inspector		Town	of Fairfield						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Cash  Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	06/	06/2014	\$50.00		\$50.00				
in you, interest in the control of t									
Last Name	First			MI	Contribution ID #				
Zonis		Marvin			2369				
Residential Street Address	City			State	Zip Code				
4950 S Chicago Beach Dr		Chicago		IL	60615				
Principal Occupation		Name of Employ	er						
Consulting		Self							
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Cash  Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	06/	06/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Backe		Henry			2383				
Residential Street Address	City			State	Zip Code				
388 Old Post Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er						
student		na							
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent cinia (	*						
government the contract is with:  Executive Legislative			x No						
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
Cook Revenuel Cheek	l								
If yes, list Event # Cash Credit/Debit Card	06/	06/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
POLIO		Dennis			2372				
Residential Street Address	City			State	Zip Code				
259 High Plains Dr		Orange		СТ	06477				
Principal Occupation		Name of Employ							
Business Owner Shuster-Mettler Corp.									
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with:  Executive Legislative	Б.	D : 1							
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
— III Cook Demonst Charle		06/204	4400.00		+25.00				
If yes, list Event # Cash Credit/Debit Card	06/	06/2014	\$100.00		\$25.00				

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I, MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT							
Mckinney For Governor			Itemized Statement accompan Grant - Amendment	ying applicat	on for Public		
B. Itemized Contributions fro	m Inc	lividuals	Grant Fillionament				
Last Name	First			MI	Contribution ID #		
POLIO		JOYCE			2374		
Residential Street Address	City			State	Zip Code		
259 High Plains Dr		Orange		СТ	06477		
Principal Occupation		Name of Employ	er				
Secretary			er-Mettler Corp.	•			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  Yes	o	Is contributor a l dependent child of	obbyist, spouse, or  of a lobbyist?  Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		dependent enna e					
government the contract is with:  Is this contribution associated with a Method of contribution:  Method of contribution:	D-4-	D i 4	Aggregate Contributions				
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions				
No Cash Personal Check	06/	06/2014	\$25.00		\$25.00		
If yes, list Event # Money Order X Credit/Debit Card	00,	00/2014	\$25.00		¥23.00		
Last Name	First			MI	Contribution ID #		
Stilson		Robert			2380		
Residential Street Address	City			State	Zip Code		
103 Orchard Hill Dr		Fairfield		СТ	06824		
Principal Occupation		Name of Employ	er				
RETIRED		N/A					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of	O	dependent child of	of a lobbyist?				
government the contract is with:			X No				
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions				
Cash Personal Check	0.51	06/004	445.00				
If yes, list Event # No Money Order X Credit/Debit Card	06/	06/2014	\$45.00		\$25.00		
Last Name	First			MI	Contribution ID #		
CAIN	First	GEORGE		IVII	2379		
Residential Street Address	City	OLONGE		State	Zip Code		
323 Riversville Rd	1	Greenwich		CT	06831		
Principal Occupation		Name of Employ	er				
REAL ESTATE SALES PERSON		SELF					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of	O	dependent child of	of a followist:				
government the contract is with:	_		x <sub>No</sub>				
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions				
Cook Powonal Chark	l						
If yes, list Event # No Money Order X Credit/Debit Card	06/	06/2014	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Urstadt	FIISt	Charles		J	2120		
Residential Street Address	City	Citatics		State	Zip Code		
6 Beechwood Rd	1	Bronxville		NY	10708		
Principal Occupation	!	Name of Employ	er				
Real Estate		Ursta	dt & Diddle				
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No Is contributor a lobbyist, spouse, or Yes Yes							
If yes, indicate which branch or branches of	U	dependent child of	or a roodyist?				
government the contract is with:  Executive Legislative			x <sub>No</sub>				
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions				
tundraising event listed in Section 31?	1						
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	06/	06/2014	\$100.00	<u> </u>	\$100.00		

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Mckinney For Governor Itemized Statement accompanying application for Public Grant - Amendment									
B. Itemized Contributions from Individuals									
Last Name Wright	First	C.		MI C	Contribution ID #				
Residential Street Address	City			State	Zip Code				
114 Pequot Ln		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er						
Physician		Self							
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	06/	06/2014	\$20.00		\$20.00				
If yes, list Event #	00,	30/2014	\$20.00						
Last Name	First			MI	Contribution ID #				
Glicklich		Peter		Α	2121				
Residential Street Address	City			State	Zip Code				
425 E 58th Apt 34G	L	New York		NY	10022				
Principal Occupation		Name of Employ		1.0					
Lawyer  Is contributor a principal of a state contractor or prospective state contractor?			s Ward Phillips & Vineberg, L		unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	<u> </u>						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event listed in Section 31?  Cash  Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	06/0	06/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Urstadt		Charles		3	<del>2120</del>				
Residential Street Address	City			State	Zip Code				
321 Railroad Ave	<u> </u>	Greenwich		<del>CT</del>	<del>06830</del>				
Principal Occupation		Name of Employ							
Real Estate  Is contributor a principal of a state contractor or prospective state contractor?			dt & Diddle obbyist, spouse, or	Amou	ant of Contribution				
L Yes ★ N	o	dependent child of		111100	in or commount				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash   W Personal Check   Money Order   Credit/Debit Card	96/4	<del>96/2014</del>	<del>\$200.00</del>		<del>\$100.00-</del>				
Last Name	First			MI	Contribution ID #				
Colonnese		Daisy		н	2126				
Residential Street Address	City			State	Zip Code				
56 Dogwood Dr	L	Easton		СТ	06612				
Principal Occupation  N/a		Name of Employ N/a	er						
		-	obbyist, spouse, or	Amou	unt of Contribution				
Yes X N	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	0.5	06/2014	#100.00		¢100.00				
If you list Found #	1 06/0	06/2014	\$100.00	I	\$100.00				

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor  Itemized Statement accompanying application for Public  Grant - Amendment								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Murray		James		S	2134			
Residential Street Address	City			State	Zip Code			
500 Cold Springs Rd # E408		Rocky Hill		СТ	06067			
Principal Occupation		Name of Employ						
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
government the contract is with:	Date	Received	Aggregate Contributions					
st this contribution associated with a fundraising event listed in Section J1?  Yes  Amethod of contribution:  Method of contribution:  Amethod of contribution:  Cash  Respond Check								
If yes, list Event # Cash X Personal Check    Money Order	06/	06/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Walker	FIISt	Deborah		IVII	2143			
Residential Street Address	City	Deboran		State	Zip Code			
2425 L St NW Unit 523		Washington I	DC	DC	20037			
Principal Occupation		Name of Employ						
Ceccour.		Cherr	y Bekoart LLP					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	06/	06/2014	#100.00		±100.00			
If yes, list Event #	00/	06/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Kelly		Elizabeth		L	2177			
Residential Street Address	City			State	Zip Code			
300 Flintlock Rd		Southport		СТ	06890			
Principal Occupation		Name of Employ	er					
N/a		N/a						
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		1	x <sub>No</sub>					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			20 10					
If yes, list Event # Cash X Personal Check    Money Order	06/	06/2014	\$100.00		\$100.00			
					G . 7			
Last Name Benton	First	Leoard		MI R	Contribution ID # 2172			
Residential Street Address	City	Leoard		State	Zip Code			
549 Villa Ave	City	Fairfield		CT	06825			
Principal Occupation		Name of Employ	er					
Sales Consultant Honda of Westport								
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		acpendent clind	x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			55-58 23					
X No Cash X Personal Check	06/	06/2014	\$50.00		\$50.00			
If yes, list Event #								

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McKermey For Governor    B. Hemized Contributions from Individuals	I. MONETARY RECEIPTS (Section A-I)								
Mckimsy For Governor   B.   Remized Contributions from Individuals									
Lest Name	Mckinney For Governor Itemized Statement accompanying application for Public								
Conclusion   Con									
Sectional Store Address   Cry   Pairfield   Cr   D6824	Last Name	First			MI	Contribution ID #			
Facilities   Facilities   Facilities   CT   06824	Orourke		Joan		К	2135			
Procession   Pro	Residential Street Address	City			State	Zip Code			
Retired    Contribute a principal of a state common or prospective state commone?	6 Ermine St		Fairfield		СТ	06824			
b. centrollutor a principal of a trate contractor or prospective state contractor   Yes   No	Principal Occupation	•	Name of Employ	er		•			
If yes, indicate which branch or branches of	Retired		Retire	ed					
Executive   Legislative   Le	Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution			
Executive   Expectative   Expeditive   Exp		0	dependent child of	of a lobbyist?					
It is the contribution associated with a final faction 17?	Evacutiva Lagislativa			x No					
East Name   Personal Check   Personal Check   Salut	Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Last Name   Since Address   Since Address   City   Since Approach   Since Address   City   Since Approach   Since Address   City   Since Approach   S	tundraising event instead in Section 31:								
Authory   State   Authors   Authory   Author	X No	06/	06/2014	\$30.00		\$30.00			
Residential Street Authors  9 Village Dr    Trumbull	ii yes, iist Event #								
Residential Steect Address 9 Village Dr Principal Occupation MD Is contributor a principal of a state contractor or prospective state contractor or prospectiv	Last Name	First			MI	Contribution ID #			
9 Village Dr Principal Occupation MD Recontributor a principal of a state contractor or prespective state contractor?   Yes   No   Self   Security   Secur	Musto		Anthony			2376			
Principal Occupation    Name of Employee   Self	Residential Street Address	City			State	Zip Code			
Self   Security   Self   Sec	9 Village Dr		Trumbull		СТ	06611			
Is contributor a principal of a state contractor or prospective state contractor?	Principal Occupation		Name of Employ	er					
Yes   No   dependent child of a loobtysis?   Yes   Y	MD		self		_				
If yes, indicate which branch or branches of lescentive legislative less contributions seecisted with a fundraining event listed in Section J1?	Is contributor a principal of a state contractor or prospective state contractor?	0		Vac	Amou	ant of Contribution			
Security   Legislative   Leg			dependent child of	of a lobbyist?					
fundraising event listed in Section J1?  If yes, list Event #  Levy  Residential Street Address  Self  South-but Card  Name of Employer  WenConn  Self  South-but or a principal of a state contractor or prospective state contractor?  If yes, list Event #  MI Contribution  State Zip Code  To 66880  Allen  Same of Employer  WenConn  Self  South-but or a principal of a state contractor or prospective state contractor?  Tyes indicate which branch or branches of look of the second of the secon	Evacutiva Lagislativa			X No					
Last Name   First   Mil   Contribution ID #   2373     Residential Street Address   City   State   Contribution   Cash   Personal Check   Money Order   Received   Cash   Personal Check   City   State   Zip Code	Vac	Date	Received	Aggregate Contributions					
Levy	lundraising event listed in Section 31?								
Last Name Levy Residential Street Address 19 Fillow St Principal Occupation Self Scontributor a principal of a state contractor or prospective state contractor?   Yes   No   Stortibutor a principal of a state contractor or prospective state contractor?   Yes   No   Stortibutor a principal of a state contractor or prospective state contractor?   Yes   No   Method of contribution:   Data Received   Aggregate Contributions	│	06/	06/2014	\$100.00		\$100.00			
Levy									
Residential Street Address  19 Fillow St  Westport  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:  Legislative  Date Received  Aggregate Contributions  MI Contribution ID # 2370  State Zip Code  CT 06482  Principal Occupation  N/A  Sandy Hook  Tilyes, indicate which branch or branches of level of the contract is with:  Legislative  Legislative  Legislative  Date Received  Aggregate Contributions  Amount of Contribution  Amount of Contribution  Date Received  Aggregate Contributions	Last Name	First			MI				
Principal Occupation Self  Is contributor a principal of a state contractor or prospective state contractor?    Yes   No	·		Allen						
Principal Occupation Self    Name of Employer   WenConn		City				-			
Self   WenConn			1		СТ	06880			
Is contributor a principal of a state contractor or prospective state contractor?			1 '						
If yes, indicate which branch or branches of government the contract is with:    State   Sandy Hook   Sandy H									
If yes, indicate which branch or branches of government the contract is with:    State   Cash   No   No   No   No   No   No   No   N	Is contributor a principal of a state contractor or prospective state contractor?	0			Amou	int of Contribution			
Softentibution associated with a fundraising event listed in Section J1?	If yes, indicate which branch or branches of			-					
fundraising event listed in Section J1?  If yes, list Event #  Last Name  Sharpe  Residential Street Address  62 Underhill Rd .  Principal Occupation  RETIRED  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of sovernment the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  Presonal Check  06/06/2014  \$100.00  \$100.	government the contract is with:	Doto	Dagaiyad						
If yes, list Event # \$100.00 \$100.00  Last Name	V	Date	Received	Aggregate Contributions					
If yes, list Event #	l No l	06/	06/2014	\$100.00		\$100.00			
Sharpe  Residential Street Address City State Zip Code CT 06482  Principal Occupation RETIRED  Name of Employer N/A  Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Date Received  Aggregate Contributions  \$\frac{2370}{5tate} \ \ Zip Code} CT 06482  Amount of Contribution  Amount of Contribution  Date Received  Aggregate Contributions  \$\frac{1}{2} \ No \$\frac{1} \ No \$\frac{1}{2} \ No \$\frac{1}{2} \ No \$\frac{1}{2} \ No	If yes, list Event # Money Order X Credit/Debit Card	00/	00,2011	Ψ100.00		<b>4100.00</b>			
Sharpe  Residential Street Address City State Zip Code CT 06482  Principal Occupation RETIRED  Name of Employer N/A  Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Date Received  Aggregate Contributions  \$\frac{2370}{5tate} \ \ Zip Code} CT 06482  Amount of Contribution  Amount of Contribution  Date Received  Aggregate Contributions  \$\frac{1}{2} \ No \$\frac{1} \ No \$\frac{1}{2} \ No \$\frac{1}{2} \ No \$\frac{1}{2} \ No	Last Name	First			MI	Contribution ID #			
Residential Street Address 62 Underhill Rd.  Principal Occupation RETIRED  Name of Employer N/A  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  No  City Sandy Hook  Name of Employer N/A  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  X No  Amount of Contribution  Aggregate Contributions  \$\frac{1}{2}\$ Amount of Contribution  Fersonal Check  \$\frac{1}{2}\$ Personal Check  \$\frac{1}{2}\$ P									
Principal Occupation 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:  Is this contribution associated with a fundraising event listed in Section J1?  Name of Employer N/A  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a lobbyist?  Amount of Contribution  Amount of Contribution  Aggregate Contributions  Fersonal Check  O6/06/2014  \$25.00	·	City	54.10		State				
Principal Occupation  RETIRED  Name of Employer  N/A  Is contributor a principal of a state contractor or prospective state contractor?  Yes No  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No  Is this contribution associated with a fundraising event listed in Section J1?  Personal Check  Name of Employer  N/A  Amount of Contribution  Yes No  Amount of Contribution  Aggregate Contributions			Sandy Hook			-			
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:  Is this contribution associated with a fundraising event listed in Section J1?  No  Retire D  Yes X No  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  X No  Date Received  Aggregate Contributions  \$\text{\$\text{\$\text{Method of contributions}}}\$  \$\$\text{\$\			1	er		1			
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  No    Section J1   Sect									
If yes, indicate which branch or branches of government the contract is with:  Legislative  Executive Legislative  Legislative  Date Received Aggregate Contributions fundraising event listed in Section J1?  Yes  No  Cash  Personal Check  06/06/2014  \$25.00				obbyist, spouse, or	Amou	ant of Contribution			
government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  No  Cash  Personal Check  Date Received  Aggregate Contributions  \$25.00	Yes X No	0		of a lobbyist?					
Is this contribution associated with a fundraising event listed in Section J1?  Wes Section J1?  Wes Cash Personal Check Perso	Evacutiva Lagislativa			x <sub>No</sub>					
fundraising event listed in Section J1?  Yes  Cash  Personal Check  06/06/2014  \$25.00  \$25.00	Is this contribution associated with a Mathed of contribution.	Date	Received						
│	randraising event inseed in Section 37:								
	If yes, list Event # Cash Personal Check  No Money Order X Credit/Debit Card	06/	06/2014	\$25.00		\$25.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT					
Mckinney For Governor			Itemized Statement accompan Grant - Amendment	ying applicat	ion for Public
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Sharpe		Donald			2371
Residential Street Address	City			State	Zip Code
62 Underhill Rd .		Sandy Hook		СТ	06482
Principal Occupation		Name of Employ	er		
RETIRED		N/A			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent enna c			
government the contract is with:  Is this contribution associated with a Method of contribution:  Method of contribution:	Doto	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	06/	06/2014	\$25.00		\$25.00
If yes, list Event # Money Order X Credit/Debit Card	00/	00/2014	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Honiss		James			2375
Residential Street Address	City			State	Zip Code
50 Wagon Rd		Glastonbury		СТ	06033
Principal Occupation		Name of Employ	er		
RETIRED		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?		
government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a	Date	Received	Aggregate Contributions		
tundraising event listed in Section 31?					
If yes, list Event # 04052014A	06/0	06/2014	\$35.00		\$10.00
Last Name	First			MI	Contribution ID #
Mirabile	O.	Diane		a	2378
Residential Street Address	City	F-:6:-14		State	Zip Code
125 Sycamore Ln Principal Occupation		Fairfield Name of Employ	or	СТ	06824
President / Owner			Reaction		
T			obbyist, spouse, or	Amou	nt of Contribution
Yes X No	)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a fundringing agent listed in Section 112.	Date	Received	Aggregate Contributions		
tundraising event listed in Section 31?					
If yes, list Event # 04052014A	06/0	06/2014	\$100.00		\$50.00
in yes, list Event # 04032014A					
Last Name	First			MI	Contribution ID #
Defilippo		Gary			2384
Residential Street Address	City			State	Zip Code
43 Perch Rd		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
Real estate/building		Self			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		sependent ennu (	x No		
government the contract is with:	Dot-	Received			
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	06/	07/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	I/ '		T	1	

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT					
Mckinney For Governor			Itemized Statement accompan Grant - Amendment	ying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Frigo		Robert		L	2178
Residential Street Address	City			State	Zip Code
39 Campbell Rd	L	Fairfield		СТ	06824
Principal Occupation		Name of Employ	er		
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  Yes	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	int of Contribution
If yes, indicate which branch or branches of					
government the contract is with:  Is this contribution associated with a Method of contribution:  Method of contribution:	Doto	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	06/0	07/2014	\$100.00		\$100.00
If yes, list Event #	00/0	7//2014	\$100.00		<b>\$100.00</b>
Last Name	First			MI	Contribution ID #
Stravato		Annalisa		Α	2155
Residential Street Address	City			State	Zip Code
61 Mayflower Dr		Wilton		СТ	06897
Principal Occupation		Name of Employ	er		
Self Employed		Self E	mployed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or  Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	0	dependent child o	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a X Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31?					
If yes, list Event # 06092014A	06/0	07/2014	\$100.00		\$100.00
	!				
Last Name	First			MI	Contribution ID #
Obenshain		William		Α	2173
Residential Street Address	City			State	Zip Code
2236 N Lincoln Park W Apt 1G		Chicago		IL	60614
Principal Occupation		Name of Employ			
Education  Is contributor a principal of a state contractor or prospective state contractor?			ul University obbyist, spouse, or	Amou	unt of Contribution
Yes X N	o	dependent child o	Vac	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash X Personal Check	06/0	07/2014	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Schaefer		C. Barry			2124
Residential Street Address	City			State	Zip Code
65 Perkins Rd	L.	Greenwich		СТ	06830
Principal Occupation		Name of Employ	er		
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		_opencent emid t	x No		
government the contract is with:	D-4	Dagaiyad			
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	06/	07/2014	\$100.00		\$100.00
If yes_list Event # Money Order Credit/Debit Card	1 00/1	J// ZUI+	\$100.00	1	Ψ100.00

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT					
Mckinney For Governor			Itemized Statement accompan Grant - Amendment	ying applicat	on for Public
B. Itemized Contributions from	n Ind	lividuals	Clarit / Americanicit		
Last Name	First			MI	Contribution ID #
duPont, III		Joan		W	2123
Residential Street Address	City			State	Zip Code
303 Hulls Farm Rd		Southport		СТ	06890
Principal Occupation		Name of Employ	er	•	•
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	ĺ	dependent child of	of a foodyist?		
government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tunidraising event instead in Section 31:					
If yes, list Event # Cash Credit/Debit Card	06/0	07/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
O'Rourke		Michael		J	2125
Residential Street Address	City			State	Zip Code
38 Hobson St		Stamford		СТ	06902
Principal Occupation		Name of Employ			
Fin. Advisor			nheimen & Co.		
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No	)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of					
government the contract is with:  Executive Legislative	لـــا				
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	06.4	07/2014	+400.00		+400.00
If yes, list Event # Money Order Credit/Debit Card	06/0	07/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Belperron	First	Jean-Pierre		A	2122
Residential Street Address	City	Jean-Fleire		State	Zip Code
436 Morehouse Rd	City	Easton		CT	06612
Principal Occupation		Name of Employe	er	<u> </u>	00012
Retired		Retire			
T			obbyist, spouse, or	Amou	nt of Contribution
Yes 🔼 No	)	dependent child of			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No		
Tadai anggilagian anggilagian anggilagian	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash X Personal Check	06/0	07/2014	\$10.00		\$10.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
McMaster		Jo-Ann		М	2176
Residential Street Address	City			State	Zip Code
341 Sigwin Dr		Fairfield		СТ	06824
Principal Occupation		Name of Employe	er	-	•
		Ken C	Crest Services		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?		
government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tunidialising event listed in Section 31?	l				
If yes list Event # Cash Cash Personal Check	06/0	08/2014	\$25.00		\$25.00

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT					
Mckinney For Governor			Itemized Statement accompar Grant - Amendment	nying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuals	Grant - Amendment		
Last Name	First			MI	Contribution ID #
Tooker		Adin			2395
Residential Street Address	City			State	Zip Code
56 Sylvan Rd N		Westport		СТ	06880
Principal Occupation		Name of Employ	er		
Reinsurance		Gen R	le Corporation		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or  If a lobbyist?  Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent enna e	·		
government the contract is with:		D 1 1			
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	06/	00/2014	¢100.00		¢100.00
If yes, list Event # Money Order X Credit/Debit Card	06/0	08/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Boulton	1 1150	John			2396
Residential Street Address	City	301111		State	Zip Code
214 West Ave		Darien		СТ	06820
Principal Occupation	-	Name of Employ	er		
Reinsurance		Swiss	Re America Holding Corp		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	int of Contribution
	0	dependent child of	<u> </u>		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?  Cash  Personal Check					
If yes, list Event # No Money Order X Credit/Debit Card	06/0	08/2014	\$75.00		\$75.00
I yes, ist broken					
Last Name	First			MI	Contribution ID #
Coutu		Christopher			2387
Residential Street Address	City			State	Zip Code
27 School St	<u>.                                    </u>	Taftville		СТ	06380
Principal Occupation		Name of Employ	er		
Officer		Army	shlyvigt amouga or	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	dependent child o	obbyist, spouse, or of a lobbyist?  Yes	Amot	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No		
government the contract is with:	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?					
No Cash Personal Check	06/0	08/2014	\$10.00		\$10.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Kaelin		Michael			2386
Residential Street Address	City			State	Zip Code
36 Saddle Ridge Rd		Wilton		СТ	06897
Principal Occupation		Name of Employ	er		
Attorney		Cumn	nings & Lockwood LLC		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child o	i a lobbyist?		
government the contract is with:		D 1 1	x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check	06.	00/2014	±100.00		¢100.00
If yes, list Event # No Money Order X Credit/Debit Card	1 06/0	08/2014	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor Itemized Statement accomp					ion for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Ziobro		Thomas			2391			
Residential Street Address	City			State	Zip Code			
10 Chapel Hill Rd		Westport		СТ	06880			
Principal Occupation		Name of Employ	er		•			
RETIRED		N/A						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution			
	)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Cash  Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	06/	08/2014	\$100.00		\$25.00			
if yes, list Event #								
Last Name	First			MI	Contribution ID #			
Schell		Lisa			2390			
Residential Street Address	City			State	Zip Code			
111 May St		Fairfield		СТ	06825			
Principal Occupation		Name of Employ	er					
Writer		Gartn	er					
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Cash  Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	06/	08/2014	\$50.00		\$25.00			
in you, and break in								
Last Name	First			MI	Contribution ID #			
WOLF		LESLIE			2385			
Residential Street Address	City			State	Zip Code			
43 Whitney Gln		Westport		СТ	06880			
Principal Occupation		Name of Employ	er					
RETIRED		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent cinia (	-					
government the contract is with:    Executive			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check		00/004			1100.00			
If yes, list Event # No Money Order X Credit/Debit Card	06/	08/2014	\$100.00		\$100.00			
	г							
Last Name	First	C		MI	Contribution ID #			
Mark  Desidential Secret Address	City	Susan		Ct-t-	2388			
Residential Street Address  55 Toilsome Brook Rd .	City	Ctamford		State CT	Zip Code 06905			
Principal Occupation		Stamford Name of Employ	OH	CI	1 00903			
RETIRED		N/A	ei					
			obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	Vac	Amou	an or contribution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Mathod of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			300 30					
No Cash Personal Check	06/	08/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	Ι ΄΄΄	,	420000	l				

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I. MONETARY RECEIPT	'S (Se	ection A-I)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor			Itemized Statement accompan	ying applicat	ion for Public			
Grant - Amendment  B. Itemized Contributions from Individuals								
		iiviuuais		Lva	Contribution ID #			
Last Name DeCarlo	First	Timothy		MI	2389			
Residential Street Address	City	Timothy		State	Zip Code			
14 Clemitas Ave	City	Waterbury		CT	06708			
Principal Occupation	<u>'                                    </u>	Name of Employe	er	<u> </u>	00700			
Registrar of Voters			f Waterbury					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
	o	dependent child of	f a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Cash  Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	06/0	08/2014	\$5.00		\$5.00			
I you, is a treat if				l				
Last Name	First			MI	Contribution ID #			
Hawkins		Jacob			2392			
Residential Street Address	City			State	Zip Code			
314 Etowah Dr .	<u> </u>	Cartersville		GA	30120			
Principal Occupation		Name of Employ	er					
Digital Consultant		Self						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative		•	x <sub>No</sub>					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
No Cash Personal Check	06/0	08/2014	\$5.00		\$5.00			
If yes, list Event # Money Order X Credit/Debit Card	00,0	30/2014	ψ3.00		45.00			
Last Name	First			MI	Contribution ID #			
mcmahon		geraldine			2393			
Residential Street Address	City			State	Zip Code			
57 Robertson St		Bristol		СТ	06010			
Principal Occupation	<u> </u>	Name of Employe	er		!			
RETIRED		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or  Yes	Amou	nt of Contribution			
If was indicate which branch or branches of	5	dependent child of	i a lobbyist:					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tunidiaising event listed in Section 31?								
If yes, list Event # Cash Credit/Debit Card	06/0	08/2014	\$25.00		\$25.00			
1	L .				Г			
Last Name	First			MI	Contribution ID #			
Caldwell Court Address	City	Carolyn		Ct-t-	2394			
Residential Street Address  15 Brighton Rd	City	Old Lyme		State CT	Zip Code 06371			
Principal Occupation	<u> </u>	Name of Employ	or	Ci	00371			
N/A		N/A	Ci					
			obbyist, spouse, or	Amou	unt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	о	dependent child of	Vac					
If yes, indicate which branch or branches of  average the contract is with:  Executive  Legislative			x <sub>No</sub>					
government the contract is with:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?								
If yes list Event # Cash Personal Check  No Money Order	06/0	08/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Mckinney For Governor			Itemized Statement accompan Grant - Amendment	ying applicat	on for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Parrish		Diane			2397				
Residential Street Address	City			State	Zip Code				
Westport		Westport		СТ	06880				
Principal Occupation		Name of Employ	er						
RETIRED		N/A							
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent enna c	x <sub>No</sub>						
government the contract is with:	Data	Received	Aggregate Contributions						
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
No Cash Personal Check	06/0	08/2014	\$100.00		\$100.00				
If yes, list Event # 04052014A			Ψ100.00		<del></del>				
Last Name	First			MI	Contribution ID #				
Li		Jason			2400				
Residential Street Address	City			State	Zip Code				
245 Sunnyridge Ave # 35		Fairfield		CT	06824				
Principal Occupation		Name of Employ	er						
Advertising Sales		CBS S	Sports Radio NY	_					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check		00/0044	\. T0.00		<b></b>				
If yes, list Event # No Money Order X Credit/Debit Card	06/0	09/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Muktavaram	THSC	Vik		1411	2402				
Residential Street Address	City	VIIC		State	Zip Code				
3 Pumpkin Hill Rd		Westport		CT	06880				
Principal Occupation		Name of Employ	er						
Chief Risk Officer		Old M	utual Bermuda						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
Yes X No	,	dependent child of							
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31:									
If yes, list Event #	06/0	09/2014	\$50.00		\$50.00				
T. Al	E: .			) d	G (3 ( B)				
Last Name Harrison	First	Alexis		MI	Contribution ID # 2404				
Residential Street Address	City	Alexis		State	Zip Code				
240 Melody Ln	City	Fairfield		CT	06824				
Principal Occupation		Name of Employ	er	C.	00021				
Associate		ICR, I							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
	)	dependent child of	of a foodyist?						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tunidiaising event risted in Section 31?									
If yes list Event # No	06/0	09/2014	\$10.00		\$10.00				

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A MONTH DAY DE GENERAL OF A 1 A 1									
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Mckinney For Governor Itemized Statement accompanying application for Pub Grant - Amendment									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Ballard		Susan			2405				
Residential Street Address	City			State	Zip Code				
16 Indian Spring Trl .		Darien		СТ	06820				
Principal Occupation		Name of Employ	er						
home		Self							
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of  Executive Legislative			X <sub>No</sub>						
government the contract is with:	Date	Received	Aggregate Contributions	1					
s this contribution associated with a fundraising event listed in Section J1?									
No Cash Personal Check	06/0	09/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card			•						
Last Name	First			MI	Contribution ID #				
wright		jeffrey			2398				
Residential Street Address	City			State	Zip Code				
1925 Huntington Tpke		Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er		•				
Contractor		J.A. V	Vright & Co, Inc.						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:  Yes  Yes	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Cash  Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	06/0	09/2014	\$100.00		\$100.00				
				l	i				
Last Name	First			MI	Contribution ID #				
Pincavage		Tamarra			2403				
Residential Street Address	City			State	Zip Code				
3 Nutcracker Ln	ļ	Westport		СТ	06880				
Principal Occupation		Name of Employ							
Realtor		WPSI							
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of  Executive  Legislative			x <sub>No</sub>						
government the contract is with:	Date	Received	Aggregate Contributions	ŀ					
fundraising event listed in Section J1?	Duite	10001100	riggregate contributions						
No Cash Personal Check	06/0	09/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		<i>'</i>							
Last Name	First			MI	Contribution ID #				
latina		jodi			2406				
Residential Street Address	City			State	Zip Code				
29 Blueberry Hl		Wethersfield		СТ	06109				
Principal Occupation		Name of Employ	er	-					
Press Secretary		State	of Connecticut						
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		acpendent cinia (	or a roodyist?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions						
— III Cook   Demonst Charle		00/2014	1100 00		+100.00				
If yes, list Event # No No Money Order X Credit/Debit Card	06/0	09/2014	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor			Itemized Statement accompan Grant - Amendment	ying applicat	on for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
latina		anthony			2407			
Residential Street Address	City			State	Zip Code			
29 Blueberry Hl		Wethersfield		СТ	06109			
Principal Occupation		Name of Employ	er					
Men's Basketball Coach		Sacre	d Heart University					
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (						
government the contract is with:  Executive Legislative	_							
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	06/	00/2014	¢100.00		¢100.00			
If yes, list Event # No Money Order X Credit/Debit Card	06/	09/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Chambrovich	1 1150	Lorien			2401			
Residential Street Address	City	2011011		State	Zip Code			
20 Mueller Dr		Hamden		СТ	06514			
Principal Occupation		Name of Employ	er					
Director		Premi	er Graphics					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
	)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Cash  Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	06/	09/2014	\$50.00		\$50.00			
Last Name	First	147111		MI	Contribution ID #			
Harris Residential Street Address	City	William		State	2399			
107 Wilton Rd	City	Westport		CT	Zip Code 06880			
Principal Occupation		Name of Employ	er	Ci	00000			
Executive		AAPI						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
	)	dependent child of						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a	Date	Received	Aggregate Contributions					
Tundraising event listed in Section J1?								
If yes, list Event # Cash Credit/Debit Card	06/	09/2014	\$200.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Knight		Darlene		М	2182			
Residential Street Address	City	<b>-</b>		State	Zip Code			
7 Cresent Ln		Trumbull		СТ	06611			
Principal Occupation  Administrator		Name of Employ	<sup>er</sup> el J. Knight & Co., CPAs					
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of	Vac	7 111100	controution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			-					
X No Cash X Personal Check	06/	09/2014	\$100.00		\$100.00			
If yes, list Event #								

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor			Itemized Statement accompan Grant - Amendment	ying applicat	ion for Public			
B. Itemized Contributions from	m Ind	lividuals	Grant - Americanent					
Last Name	First			MI	Contribution ID #			
Lipp, III		Joseph		J	2144			
Residential Street Address	City			State	Zip Code			
94 Eastlawn St		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er					
Principal		Bridge	eport Board of Ed					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent cinia o						
government the contract is with:	- I	D : 1						
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	06/0	09/2014	\$100.00		\$100.00			
If yes, list Event # 06092014A	00/0	33/2014	Ψ100.00		Ψ100.00			
Last Name	First			MI	Contribution ID #			
Elsas		Jack			2146			
Residential Street Address	City			State	Zip Code			
8 Cedargate Ln		Westport		СТ	06880			
Principal Occupation		Name of Employ	er		-			
Student		N/a						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent child o	of a lobbyist?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions					
X Cash Personal Check								
If yes, list Event # 06092014A No Money Order Credit/Debit Card	06/0	09/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Elsas	That	Jessie		IVII	2147			
Residential Street Address	City	3000.0		State	Zip Code			
8 Cedargate Ln		Westport		СТ	06880			
Principal Occupation	<u>'                                    </u>	Name of Employ	er		!			
N/a		N/a						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child o	a loodyist:					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions					
X Cook Represent Charles								
If yes, list Event # 06092014A No Cash Personal Check  No Money Order Credit/Debit Card	06/0	09/2014	\$100.00		\$100.00			
T. O.	Б				G (3 ( B)			
Last Name Neuberger	First	Raymond		MI	Contribution ID # 2151			
Residential Street Address	City	Rayillollu		State	Zip Code			
75 Stoneridge Way Apt 34	City	Fairfield		CT	06824			
Principal Occupation	<del>' </del>	Name of Employe	er	<u> </u>				
Oil Broker			roup Inc					
Is contributor a principal of a state contractor or prospective state contractor?			obbvist, spouse, or	Amou	ant of Contribution			
	0	dependent child o						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
Tundraising event listed in Section 31?								
If yes, list Event # 06092014A	06/0	09/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT					
Mckinney For Governor			Itemized Statement accompan Grant - Amendment	ying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Walsh		Tim			2153
Residential Street Address	City			State	Zip Code
63 Sturges Hwy		Westport		СТ	06880
Principal Occupation		Name of Employe	er		
Advertising & Media		The F	earless Group		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		acpendent enna e	x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No X Cash Personal Check	06/0	09/2014	\$100.00		\$100.00
If yes, list Event # 06092014A			,		
Last Name	First			MI	Contribution ID #
Hewitt		Conrad		w	2174
Residential Street Address	City			State	Zip Code
279 Kaanapali Dr		Napa		CA	94558
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	0	Is contributor a le dependent child of	obbyist, spouse, or  Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent cinia o			
government the contract is with:  Executive Legislative					
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	06.11	00/2014	\$100.00		\$100.00
If yes, list Event #	00/0	09/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Barnes - Millington		Kelly		С	2150
Residential Street Address	City			State	Zip Code
245 Unquowa Rd Apt 18		Fairfield		СТ	06824
Principal Occupation		Name of Employ	er	-	-
Travel Agent		Self			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child o	a loodyist:		
government the contract is with:  Executive Legislative			x No		
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	06/0	09/2014	\$100.00		\$100.00
If yes, list Event # 06092014A	00/0	75/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Feller		Hope			2154
Residential Street Address	City	-		State	Zip Code
12 Roseville Rd		Westport		СТ	06880
Principal Occupation		Name of Employ	er		
Finance		NML			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child o	a loodyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	00.11	00/2014	#3E 00		¢3E 00
If yes list Event # 06092014A No Money Order Credit/Debit Card	1 06/0	09/2014	\$25.00	l	\$25.00

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I. MONETARY RECEIPT	S (Se	ection A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Mckinney For Governor			Itemized Statement accompan Grant - Amendment	ying applicati	ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
White		Kevin		М	2149				
Residential Street Address	City			State	Zip Code				
24 Vineyard Ln		Westport		CT	06880				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:	لــــا		x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check		20/2011							
If yes, list Event # 06092014A No Money Order Credit/Debit Card	06/0	09/2014	\$100.00		\$100.00				
T. M	Гг			MI	Contribution ID #				
Last Name	First	Maabaa		IVII					
Fox Residential Street Address	City	Meghan		State	2148				
	City	Westport			Zip Code				
19 Edgemarth Hill Rd Principal Occupation	_	Westport Name of Employ	or	СТ	06880				
Student		N/a	ci						
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
government the contract is with.	Date	Received	Aggregate Contributions						
s this contribution associated with a fundraising event listed in Section J1?									
No X Cash Personal Check	06/0	09/2014	\$30.00		\$30.00				
If yes, list Event # 06092014A									
Last Name	First			MI	Contribution ID #				
Best		Stephen		R	2145				
Residential Street Address	City			State	Zip Code				
350 Grovers Ave Unit 7H		Bridgeport		CT	06605				
Principal Occupation		Name of Employ	er						
Baseball Memorialbilia		Pinstr	ipes and Hickory, LLC						
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or  Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	a lobbyist:						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check		20/2011							
If yes, list Event # 06092014A No Money Order Credit/Debit Card	06/0	09/2014	\$100.00		\$100.00				
Ladding	Einst			M	Ct-ib-ti ID#				
Last Name	First	Carol		MI	Contribution ID #				
Eck Residential Street Address	City	Carol		J State	Zip Code				
245 Daybreak Ln	City	Southport		CT	06890				
Principal Occupation	·	Name of Employ	er	Ci	00030				
Homemaker		N/a	<del></del>						
			obbyist, spouse, or	Amou	nt of Contribution				
Yes X N	o	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	1								
If yes, list Event # Cash X Personal Check    No	06/0	09/2014	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (S	ection A-D						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(	· · · · · · · · · · · · · · · · · · ·	TYPE OF REPORT					
Mckinney For Governor			Itemized Statement accompan	ying applicat	ion for Public			
Grant - Amendment  B. Itemized Contributions from Individuals								
Last Name	First	iividuais		MI	Contribution ID #			
Christoffers	That	Carol		A	2137			
Residential Street Address	City	Curor		State	Zip Code			
216 Natchaug Dr		Meriden		СТ	06450			
Principal Occupation		Name of Employ	er					
Retired		Retire	d					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	o	dependent child of	of a lobbyist?					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event risted in Section 31?								
If yes, list Event # Cash Personal Check    Value   Cash   Personal Check   Personal Check   Credit/Debit Card   Credit/Debit	06/	10/2014	\$15.00		\$15.00			
	-							
Last Name	First	6		MI	Contribution ID #			
Baker Residential Street Address	City	Sue		H	2160			
81 Indian Head Rd	City	Riverside		CT	Zip Code 06878			
Principal Occupation		Name of Employ	er	Ci	00070			
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
	o	dependent child of	f a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a	Date	Received	Aggregate Contributions					
fundraising event risted in Section 31?								
If yes, list Event # Cash Credit/Debit Card	06/	10/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Bealle		Preston			2158			
Residential Street Address	City	Davis		State	Zip Code			
54 Brookside Rd	<u>.                                    </u>	Darien Name of Employ	24	СТ	06820			
Principal Occupation  Digital Advertising			Smith, Inc.					
T			obbyist, spouse, or	Amou	nt of Contribution			
Yes Yes	o	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tunidraising event listed in Section 71?								
If yes, list Event # Cash Personal Check    Value   Cash   Personal Check   Personal Check   Cash   Cash   Cash   Personal Check   Cash   Cash	06/	10/2014	\$100.00		\$100.00			
I Holly old: I cloub bon call								
Last Name	First			MI	Contribution ID #			
Noyes		Frederick		С	2180			
Residential Street Address	City			State	Zip Code			
191 Lyons Plain Rd	ļ.,	Weston		СТ	06883			
Principal Occupation  Retired		Name of Employ Retire						
			obbyict chause or	Amou	nt of Contribution			
Yes X N	o	dependent child of	Vac	7 111100	controution			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Yes  Yes  The Cash Personal Check								
If yes list Event # Cash Cash Personal Check  No Money Order Credit/Debit Card	06/	10/2014	\$50.00		\$50.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Mckinney For Governor Itemized Statement accompanying application for Grant - Amendment					ion for Public				
B. Itemized Contributions from Individuals									
Last Name Smith	First	Elizabeth		MI	Contribution ID # 2411				
Residential Street Address	City			State	Zip Code				
37 Holly Ln		Darien		СТ	06820				
Principal Occupation  Board Member		Name of Employ	er VCO Corp	-	-				
			11 14	Amou	ant of Contribution				
Yes N  If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event #	06/:	10/2014	\$300.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Hoffman		Stephen			2410				
Residential Street Address	City	<u> </u>		State	Zip Code				
123 Harbor Dr		Stamford		СТ	06902				
Principal Occupation		Name of Employ	er	-	•				
Executive		inVen	tiv Health, Inc.						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent enna e							
government the contract is with:  Is this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check  Money Order X Credit/Debit Card	06/:	10/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Knubel		John		Α	2213				
Residential Street Address	City			State	Zip Code				
1365 Eliot Rd		Franklin		TN	37064				
Principal Occupation		Name of Employ	er						
Self Employed		Self							
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative		•	x <sub>No</sub>						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 11?									
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	06/	10/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Nelligan		Jeff			2409				
Residential Street Address	City			State	Zip Code				
1161 Old County Rd	L,	Arnold		MD	21012				
Principal Occupation		Name of Employ							
Program Manager  Is contributor a principal of a state contractor or prospective state contractor?		U.S. F	abbreigt anguag or	Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child of	Vac	Aiilot	an or Contribution				
If yes, indicate which branch or branches of  GOVERNMENT the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
No Cash Personal Check	06/	10/2014	\$100.00		\$100.00				

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A MONETA DV DE CENTRO (C. C. A. D.									
I. MONETARY RECEIPT	S (Se	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Mckinney For Governor Itemized Statement accompanying application for Public Grant - Amendment									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Witlin		Eric			2408				
Residential Street Address	City			State	Zip Code				
2625 Park Ave # 15E		Bridgeport		CT	06604				
Principal Occupation		Name of Employ	er						
Professor		Unive	rsity of Bridgeport						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a foodylst?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	06/	10/2014	\$5.00		\$5.00				
in you, interest in the control of t									
Last Name	First			MI	Contribution ID #				
Means		Grady			2412				
Residential Street Address	City			State	Zip Code				
18 Ashdown Pl		Half Moon Ba	ny	CA	94019				
Principal Occupation		Name of Employ	er						
RETIRED		N/A							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Cash  Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	06/:	10/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Kenneally		Katherine			2413				
Residential Street Address	City			State	Zip Code				
72 Spring St .		Florence		MA	01062				
Principal Occupation		Name of Employ							
Public affairs coordinator		State							
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent cinia (	*						
government the contract is with:  Executive Legislative			x No						
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
Cook Revenuel Cheek									
If yes, list Event # Cash Credit/Debit Card	06/	10/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
GREATSINGER		PAUL			2414				
Residential Street Address	City			State	Zip Code				
122 Warren Ave		Fairfield		СТ					
Principal Occupation		Name of Employ							
Financial Advisor		_	an Stanley						
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		acpendent ennu (	x No						
government the contract is with:  Executive Legislative									
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
— III Cook Demonst Charle					\=0.00				
If yes, list Event # Cash Credit/Debit Card	06/	10/2014	\$50.00		\$50.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT					
Mckinney For Governor			Itemized Statement accompan Grant - Amendment	ying applicat	on for Public
B. Itemized Contributions from	n Ind	lividuals	Grant - Amendment		
Last Name	First			MI	Contribution ID #
Boyle		Howarth			2416
Residential Street Address	City			State	Zip Code
150 Goodwives River Rd		Darien		СТ	06820
Principal Occupation		Name of Employ	er	-	-
Student		Stude	nt		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child c	<u> </u>		
government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check		/20	4425.00		
If yes, list Event # No Money Order X Credit/Debit Card	06/	11/2014	\$125.00		\$25.00
T. M	F: .				G (3 ( B)
Last Name	First	Classilatta		MI	Contribution ID #
Boyle Residential Street Address	City	Charlotte		State	2417
150 Goodwives River Rd	City	Davies			Zip Code
Principal Occupation		Darien Name of Employ	or	СТ	06820
Student		Stude			
			obbyjet enouge or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of	Vac	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Duite	10001100	1.6g. egate controlations		
No Cash Personal Check	06/	11/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	00,	,	Ψ100.00		<del></del>
Last Name	First			MI	Contribution ID #
Boyle		Howarth			2418
Residential Street Address	City			State	Zip Code
150 Goodwives River Rd		Darien		СТ	06820
Principal Occupation		Name of Employ	er		
Investments		Point7	72 Asset Management		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
	)	dependent child of			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No		
Is this contribution associated with a	Date	Received	Aggregate Contributions		
Tunidiaising event listed in Section 31?					
If yes, list Event #	06/	11/2014	\$125.00		\$100.00
Last Name	First			MI	Contribution ID #
Boyle		Conor			2419
Residential Street Address	City			State	Zip Code
150 Goodwives River Rd		Darien		СТ	06820
Principal Occupation		Name of Employ			
Student		Stude			
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		aspendent ennd (	x No		
government the contract is with:		D			
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check	067	11/2014	#2F 00		¢25.00
If yes_list Event # No Money Order X Credit/Debit Card	I 00/	11/2014	\$25.00	1	\$25.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Mckinney For Governor Itemized Statement accompa Grant - Amendment					ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Ryan-Boyle		Lisa			2420				
Residential Street Address	City			State	Zip Code				
150 Goodwives River Rd	<u> </u>	Darien		СТ	06820				
Principal Occupation		Name of Employ	er						
None  Is contributor a principal of a state contractor or prospective state contractor?		None Is contributor a l	obbyist, spouse, or	Amou	ent of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No.	)	dependent child of	Voc	7 tinot	ant of Controllion				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section 31?									
If yes, list Event # Cash Credit/Debit Card	06/1	11/2014	\$100.00		\$100.00				
	l								
Last Name	First			MI	Contribution ID #				
Bisacca Residential Street Address	City	George		State	Zip Code				
472 Old Mill Rd	City	Fairfield		CT	06824				
Principal Occupation		Name of Employ	er	Ci	00024				
RETIRED		N/A	-						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
	)	dependent child of	<u></u>						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check    No	06/1	11/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Booth	FIISt	Edward		IVII	2415				
Residential Street Address	City	2411414		State	Zip Code				
53 Warwick Ave		Fairfield		СТ	06825				
Principal Occupation		Name of Employ	er		•				
Financial Advisor		Morga	an Stanley						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a roodyrst:						
government the contract is with: Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	06/1	11/2014	\$100.00		\$100.00				
If yes, list Event # 04052014A	00/.	11/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Haffenreffer		David			2422				
Residential Street Address	City			State	Zip Code				
59 Club Rd		Riverside		СТ	06878				
Principal Occupation		Name of Employ	er						
Real Estate Broker			nan Lawrence						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No		Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		1 /	x <sub>No</sub>						
Is this contribution associated with a Method of contribution	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			200						
If yes, list Event # Cash Personal Check    No	06/1	11/2014	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT					
Mckinney For Governor			Itemized Statement accompan Grant - Amendment	ying applicat	ion for Public
B. Itemized Contributions fro	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Peterson		Donald			2423
Residential Street Address	City			State	Zip Code
1061 Galloping Hill Rd	L	Fairfield		СТ	06824
Principal Occupation		Name of Employ	er		
RETIRED		N/A			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  Yes	io	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		<b>r</b>	x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1?	Dute	Received	Aggregate Contributions		
No Cash Personal Check	06/:	11/2014	\$100.00		\$100.00
If yes, list Event # 04052014A	,	, -	,		
Last Name	First			MI	Contribution ID #
Reid		Douglas		М	2292
Residential Street Address	City			State	Zip Code
258 Mulberry Hill Rd		Fairfield		СТ	06824
Principal Occupation		Name of Employ	er		
Retired					
Is contributor a principal of a state contractor or prospective state contractor?	lo	Is contributor a le dependent child of	obbyist, spouse, or  Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child o	<u> </u>		
government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	06/	11/2014	<b>*</b> F0.00		<b>*</b> F0.00
If yes, list Event # Money Order Credit/Debit Card	06/.	11/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Ostrosky	1 1150	Kathryn			2299
Residential Street Address	City	,		State	Zip Code
150 Bulkley Dr		Fairfield		СТ	06825
Principal Occupation	<u> </u>	Name of Employe	er		
Retired					
Is contributor a principal of a state contractor or prospective state contractor?	io.		obbyist, spouse, or  Yes	Amou	nt of Contribution
If was indicate which branch or branches of		dependent child of	a lobbyist:		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	0.51		\. T0.00		\
If yes, list Event # No Money Order Credit/Debit Card	06/	11/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Fidler	FIISt	Janet		C	2289
Residential Street Address	City	Janet		State	Zip Code
197 Hillcrest Rd	City	Fairfield		CT	06824
Principal Occupation	_	Name of Employe	er		
Retired		1 7			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or Yes	Amou	nt of Contribution
	0	dependent child of	of a foodyist?		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
Tunidraising event insection 31:					
If yes list Event # Cash Cash Personal Check	06/	11/2014	\$10.00		\$10.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (		TYPE OF REPORT					
Mckinney For Governor Itemized Statement accompar Grant - Amendment					on for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Maloney		Adrienne			2290			
Residential Street Address	City			State	Zip Code			
50 Stone Ridge Way # 2G		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?	_		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a fundraicing event licted in Section 112	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?    X   No								
If yes, list Event # Money Order Credit/Debit Card	06/	11/2014	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Sabia	11130	Lucille		1411	2291			
Residential Street Address	City	Lucino		State	Zip Code			
124 Katona Dr		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er					
Retired								
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
	)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event listed in Section J1?								
If yes, list Event # Cash Credit/Debit Card	06/	11/2014	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Phillips Residential Street Address	City	Frederick		S	2293			
191 S Gate Ln	City	Southport		State CT	Zip Code 06890			
Principal Occupation		Name of Employ	er	Ci	00030			
Retired			-					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
	)	dependent child of	*					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a	Date	Received	Aggregate Contributions					
rundraising event listed in Section J1?								
If yes, list Event # Cash Credit/Debit Card	06/	11/2014	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
DeSantie		Maureen		М	2207			
Residential Street Address	City			State	Zip Code			
1089 W River Rd		Milford		СТ	06461			
Principal Occupation		Name of Employ	er	-	•			
Schedule Retreats & Appointments		Self						
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			-					
X No Cash X Personal Check	06/	11/2014	\$100.00		\$100.00			
If yes, list Event #								

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I. MONETARY RECEIPT	S (Se	ection A-I)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor			Itemized Statement accompan	ying applicat	on for Public			
Grant - Amendment  B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Degrego		Michael		М	2208			
Residential Street Address	City			State	Zip Code			
1089 W River Rd		Milford		СТ	06461			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tunidasing event instead in Section 31:								
If yes, list Event # Cash Credit/Debit Card	06/	11/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Aldridge		Donald			2209			
Residential Street Address	City			State	Zip Code			
3610 Milton Pond Dr	Щ,	Alpharetta		GA	30022			
Principal Occupation		Name of Employe						
Accountant			mex Communications					
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No.	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna e						
government the contract is with:  Executive Legislative								
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	0.51		\. T0.00		\=0.00			
If yes, list Event # Money Order Credit/Debit Card	06/	11/2014	\$50.00		\$50.00			
T. AV	Б: .				G (3 ( B)			
Last Name Wales	First	Cucan		MI M	Contribution ID # 2214			
Residential Street Address	City	Susan		State	Zip Code			
147 Carriage Dr	City	Southport		CT	06890			
Principal Occupation	<u>.                                    </u>	Name of Employe	or	Ci	00090			
Homemaker		N/a	Ci					
T			obbyist, spouse, or	Amou	nt of Contribution			
Yes A No	о	dependent child of						
If yes, indicate which branch or branches of  Executive  Legislative			x No					
government the contract is with.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
X No Cash X Personal Check	06/:	11/2014	\$50.00		\$50.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Frantz		Allison		Н	2161			
Residential Street Address	City			State	Zip Code			
123 Meadow Rd		Riverside		СТ	06878			
Principal Occupation		Name of Employ	er		<u> </u>			
Homemaker		Home	maker					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tunidasing event instead in Section 31:								
If yes list Event # Cash Cash Personal Check    If yes list Event # Cash   Cash   Personal Check   Credit/Debit Card	06/	11/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Mckinney For Governor			Itemized Statement accompan Grant - Amendment	ying applicat	ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Boucher, Jr.		Henry		J	2179				
Residential Street Address	City			State	Zip Code				
5 Wicks End Ln		Wilton		СТ	06897				
Principal Occupation		Name of Employ	er	-	•				
Retail Sales		Tesor	o Enterprises, Inc.						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent enna e							
government the contract is with:  Executive Legislative	D.	D : 1							
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash X Personal Check  Money Order Credit/Debit Card	06/	11/2014	\$50.00		\$50.00				
I noney order in create and									
Last Name	First			MI	Contribution ID #				
Spencer		Melissa		V	2168				
Residential Street Address	City			State	Zip Code				
13 Field Point Dr	<u> </u>	Greenwich		СТ	06830				
Principal Occupation		Name of Employ	er						
N/a		N/a	11.1.	· .					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  Yes	о	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative		1	x <sub>No</sub>						
government the contract is with:	Doto	Received							
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	067	11/2014	\$100.00		\$100.00				
If yes, list Event # Money Order Credit/Debit Card	00/	11/2014	\$100.00		<b>\$100.00</b>				
Last Name	First			MI	Contribution ID #				
Stafford	1 1150	Riley			2162				
Residential Street Address	City			State	Zip Code				
9 Lake Dr		Riverside		СТ	06878				
Principal Occupation	<u> </u>	Name of Employ	er						
N/a		N/a							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
	0	dependent child of							
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a	Date	Received	Aggregate Contributions						
Tunidasing event instead in Section 31:									
If yes, list Event # Cash Personal Check    Value   Cash   Personal Check   Personal Check   Cash   Personal Check   Personal Check	06/	11/2014	\$100.00		\$100.00				
Last Name	First	•		MI	Contribution ID #				
Arieven	FIISt	Doris		S	2163				
Residential Street Address	City	DOITS		State	Zip Code				
67 Wesskum Wood Rd	City	Riverside		CT	06878				
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	00070				
 Homemaker			maker						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
If wes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a	Date	Received	Aggregate Contributions						
Tunidasing event instead in Section 31:									
If yes list Event # Cash Cash Personal Check    If yes list Event # Cash   Cash   Personal Check   Credit/Debit Card	06/	11/2014	\$100.00		\$100.00				

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I. MONETARY RECEIPT	rs (se	ection A-D						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor Itemized Statement accompany					on for Public			
Grant - Amendment  B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Kocher		Bridget			2164			
Residential Street Address	City			State	Zip Code			
7 N Crossway		Old Greenwid	ch	СТ	06870			
Principal Occupation	•	Name of Employ	er					
Freelance		Self						
Is contributor a principal of a state contractor or prospective state contractor?	io.		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	.0	dependent child of	of a lobbyist?					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tunidraising event insection 31?								
If yes, list Event # Cash Personal Check    No	06/	11/2014	\$100.00		\$100.00			
	1			l				
Last Name	First			MI	Contribution ID #			
Jackson Residential Street Address	City	Jeffrey		State	2166			
25 Club Rd	City	Divorcido		CT	Zip Code 06878			
Principal Occupation		Riverside  Name of Employ	er	CI	00076			
Real Estate		Self	Ci					
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?	lo	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No					
In this contribution associated with a Method of contribution	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Yes  Yes  Cash  Rersonal Check								
No	06/	11/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Jackson		Susan		М	2167			
Residential Street Address	City			State	Zip Code			
25 Club Rd		Riverside		СТ	06878			
Principal Occupation		Name of Employ	er					
Real Estate		Self						
Is contributor a principal of a state contractor or prospective state contractor?	lo	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x No					
government the contract is with:	D.	D : 1						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	06/	11/2014	\$100.00		\$100.00			
If yes, list Event # Money Order Credit/Debit Card	007	11/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Gray	1 1150	Lisa		A	2169			
Residential Street Address	City			State	Zip Code			
27 Pleasant St		Cos Cob		СТ	06807			
Principal Occupation		Name of Employ	er					
N/a		N/a						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
	10	dependent child of	of a fobbyist?					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tunidraising event insection 31?								
If yes list Event # Cash Cash Personal Check	06/	11/2014	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Mckinney For Governor Itemized Statement accompar					on for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Gaudio		Joseph			2170				
Residential Street Address	City			State	Zip Code				
6 Oakleigh Ct		Rowayton		СТ	06853				
Principal Occupation		Name of Employ	er						
Real Estate		Self							
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or  of a labbyist?  Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	_						
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
X Cash Personal Check	067	11/2014	¢100.00		¢100.00				
If yes, list Event # Money Order Credit/Debit Card	06/	11/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Mullen	1 1150	Kristen		R	2159				
Residential Street Address	City			State	Zip Code				
49 Grosset Rd		Riverside		СТ	06878				
Principal Occupation		Name of Employ	er						
School Psycologist		Domu	IS						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
	)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
tundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	06/	12/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Lowenthal	G:	Morton		Gr. r	2210				
Residential Street Address  72 Windward Ln	City	Stamford		State CT	Zip Code 06903				
Principal Occupation		Name of Employ	er	Ci	00903				
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
	)	dependent child of							
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a	Date	Received	Aggregate Contributions						
rundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	06/	12/2014	\$200.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Thornton	O.	David		g	2294				
Residential Street Address	City	Enirfield		State	Zip Code				
58 Twin Brooks Ln Principal Occupation		Fairfield Name of Employ	or .	СТ	06824				
Retired		Name of Employ	Ci						
		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
Yes X No	)	dependent child of	Vac	1 222700					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Yes  Cash  Regresonal Check									
X No T	06/	12/2014	\$25.00		\$25.00				
If yes, list Event #									

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  Mckinney For Governor  Itemized Statement accompany					ion for Dublic
Mckinney For Governor			Grant - Amendment	ying applicat	on for Fublic
B. Itemized Contributions from	n Ind	ividuals			
Last Name	First			MI	Contribution ID #
Gilhuly		William		J	2297
Residential Street Address	City			State	Zip Code
160 Fairfield Woods Rd Apt 49	L.,	Fairfield		СТ	06825
Principal Occupation		Name of Employ	er		
Insurance Agent		Self			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	Is contributor a le dependent child o	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Doto	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	06/1	12/2014	\$20.00		\$20.00
If yes, list Event #	00/1	12/2014	\$20.00		\$20.00
Last Name	First			MI	Contribution ID #
Book, Jr.		Ethan		G	2211
Residential Street Address	City			State	Zip Code
144 Coleman St		Bridgeport		СТ	06604
Principal Occupation		Name of Employe	er		
Owner		New E	England Limo Service of Fairf	ield	
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or  Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child o	of a foodyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event fisted in Section 31?					
If yes, list Event # Cash Credit/Debit Card	06/1	12/2014	\$40.00		\$40.00
Last Name	First			MI	Contribution ID #
Kelly		Jill		0	2216
Residential Street Address	City	F : C !!		State	Zip Code
158 Redding Rd	<u> </u>	Fairfield		СТ	06824
Principal Occupation  Real Estate		Name of Employ			
T			las H. Finpelly R. E. obbyist, spouse, or	Amou	nt of Contribution
Yes X No.	0	dependent child o	Vac	Amou	nt of Contribution
If yes, indicate which branch or branches of  Executive  Legislative			x <sub>No</sub>		
government the contract is with.	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash X Personal Check	06/1	12/2014	\$50.00		\$50.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Shaughnessy		William		L	2298
Residential Street Address	City			State	Zip Code
128 Drake Ln	Ĺ	Fairfield		СТ	06824
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor?	о	dependent child o	Vac	1 111100	
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes list Event # Cash X Personal Check    Cash X Personal Check   Money Order   Credit/Debit Card	06/1	12/2014	\$25.00		\$25.00

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I MONETA BY DECEMBER (C. P. A. D.								
I. MONETARY RECEIPT	S (S	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  Mckinney For Governor  Itemized Statement accompanying application for Public								
Grant - Amendment								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Shannon		John		Н	2296			
Residential Street Address	City			State	Zip Code			
27 Balmaha Close		Fairfield		СТ	06825			
Principal Occupation		Name of Employ	er					
Retired								
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a fobbyist?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event risted in Section 31?								
If yes, list Event # Cash Credit/Debit Card	06/	12/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Houston		Donald			2425			
Residential Street Address	City			State	Zip Code			
145 Frog Pond Ln		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er					
attorney		Durar	nt Nichols Houston					
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a fobbyist?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Cash  Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	06/	12/2014	\$100.00		\$100.00			
3.9				<u> </u>				
Last Name	First			MI	Contribution ID #			
Hutchins		John			2426			
Residential Street Address	City			State	Zip Code			
40 Park Ave		Greenwich		СТ	06830			
Principal Occupation		Name of Employ	er					
Mgmt		ASAP						
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent cinia (	·					
government the contract is with:  Executive Legislative			X No					
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
Cook Regional Cheek	l							
If yes, list Event # No Money Order X Credit/Debit Card	06/	12/2014	\$100.00		\$100.00			
				l				
Last Name	First			MI	Contribution ID #			
Kreitler		Jim			2424			
Residential Street Address	City			State	Zip Code			
230 Henderson Rd		Fairfield		СТ	06824			
Principal Occupation		Name of Employ						
Financial Advisor			rd Jones	<del></del>				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		acpendent ennu (	x No					
government the contract is with:  Executive Legislative	-							
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
— III Cook December Charles								
If yes, list Event # Cash Credit/Debit Card	06/	12/2014	\$200.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Mckinney For Governor Itemized Statement accompanying appli									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Michaels		Bia			2428				
Residential Street Address	City			State	Zip Code				
45 Linley Dr		Fairfield		СТ	06825				
Principal Occupation		Name of Employ	er						
RETIRED		N/A							
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyrst?						
government the contract is with:		D : 1							
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	06/	12/2014	¢20.00		¢20.00				
If yes, list Event # No Money Order X Credit/Debit Card	06/	13/2014	\$30.00		\$30.00				
Last Name	First			MI	Contribution ID #				
Adams	1 1150	Debra			2431				
Residential Street Address	City	505.0		State	Zip Code				
32 Connollly Dr .		Old Saybrool	(	СТ	06475				
Principal Occupation		Name of Employ							
Legislative Aide		State	of Connecticut						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
	)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Cash  Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	06/	13/2014	\$25.00		\$25.00				
				L					
Last Name	First	Claudata vala av		MI	Contribution ID #				
Adams Residential Street Address	City	Christopher		State	Zip Code				
32 Connolly Dr .	City	Old Saybrool	,	CT	06475				
Principal Occupation		Name of Employ		CI	00473				
Attorney			of Connecticut						
Is contributor a principal of a state contractor or prospective state contractor?			obbvist, spouse, or	Amou	ant of Contribution				
Yes A No	)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # No Money Order X Credit/Debit Card	06/	13/2014	\$5.00		\$5.00				
- · · ·				L					
Last Name	First	TDI		MI	Contribution ID #				
LE Residential Street Address	City	TRI		State	Zip Code				
6604 Saddlehorn Ct	City	Burke		VA	22015				
Principal Occupation		Name of Employ	er	***	1 22013				
П		GAO							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	or a robbyist?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
- D Corb									
If yes, list Event # No No Money Order X Credit/Debit Card	06/	13/2014	\$10.00		\$10.00				

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A MONETA DV DE CENTRO (C. d. A D.									
I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Mckinney For Governor Itemized Statement accompanying application for Public Grant - Amendment									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Martini		Joseph			2427				
Residential Street Address	City			State	Zip Code				
148 Fern St		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er						
Lawyer		Wiggi	n and Dana LLP						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or  Gallabariet2 Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			X No						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	06/	13/2014	\$100.00		\$100.00				
in yes, his avent in a second and a second a									
Last Name	First			MI	Contribution ID #				
Edmiston		Robert			2429				
Residential Street Address	City			State	Zip Code				
581 Pequot Ave		Southport		СТ	06890				
Principal Occupation		Name of Employ	er						
RETIRED		N/A							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or  Gallaboriet  Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?  Cash  Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	06/	13/2014	\$200.00		\$100.00				
n yes, nst Event #									
Last Name	First			MI	Contribution ID #				
Askham		Patricia			2288				
Residential Street Address	City			State	Zip Code				
5 Branch Brook Dr		Simsbury		СТ	06070				
Principal Occupation		Name of Employ	er	-	-				
Legislative Aide		State	of CT General Assembly						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or  Yes	Amou	nt of Contribution				
	,	dependent child of	a loodyist:						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No						
Is this contribution associated with a	Date	Received	Aggregate Contributions	1					
rundraising event listed in Section J1?									
No   Propries enter	06/	13/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Loh		Martha		L	2215				
Residential Street Address	City			State	Zip Code				
140 Daves Ln		Southport		СТ	06890				
Principal Occupation		Name of Employ	er		<u> </u>				
Homemaker		Fairfie	eld Public Library						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or  So Johnwigt?  Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?						
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a	Date	Received	Aggregate Contributions	]					
Tundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	06/	13/2014	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor  Itemized Statement accompanying application for Public Grant - Amendment								
B. Itemized Contributions from	m Inc	lividuals	Grant Fillionamont					
Last Name	First			MI	Contribution ID #			
Fleming		Yvette			2287			
Residential Street Address	City			State	Zip Code			
21 Edwards Rd		Old Saybrool		СТ	06475			
Principal Occupation		Name of Employ						
Office Manager			of CT General Assembly	A	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  Yes	0	dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	.nt of Contribution			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Society 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event instead in Section 31:								
If yes, list Event # Cash Cash Personal Check  Money Order Credit/Debit Card	06/	13/2014	\$25.00		\$25.00			
T. A.	F: /			\	Louis D#			
Last Name Martin	First	Kenneth		MI	Contribution ID # 2165			
Residential Street Address	City	Kenneur		State	Zip Code			
91 Bowman Dr		Greenwich		CT	06831			
Principal Occupation		Name of Employ	er					
CEO		Remo	o Maimt. LLC					
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	06/	14/2014	\$100.00		\$100.00			
If yes, list Event # Money Order Credit/Debit Card	00/	14/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Winschel		Helene			2434			
Residential Street Address	City			State	Zip Code			
210 Lindamir Ln		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er					
homemaker		n/a						
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Yes  Cash  Personal Check								
If yes, list Event # Cash Personal Check  No Money Order X Credit/Debit Card	06/	14/2014	\$100.00		\$100.00			
I money of the second care								
Last Name	First			MI	Contribution ID #			
Hartt	Cit-	Robert		Ct-t-	2433			
Residential Street Address  17 Rose Hill Rd	City	Southport		State CT	Zip Code 06890			
Principal Occupation	<u> </u>	Name of Employ	er	CI	00030			
Real Estate Advisor			Realty Advisors, LLC					
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	31 a 1000yist?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	061	14/2014	\$7E 00		¢25.00			
If yes, list Event # 04052014A No Money Order X Credit/Debit Card	06/	14/2014	\$25.00		\$25.00			

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I MONETA BY DECEMBER (C. P. A. D.									
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  Mckinney For Governor  Itemized Statement accompanying application for Public									
Grant - Amendment									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
McKinney		Michael			2436				
Residential Street Address	City			State	Zip Code				
2 Raccoon Rdg		Woodbury		СТ	06798				
Principal Occupation		Name of Employ	er						
Sales		Catal	st health and fitness	_					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or  Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a foodylst?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Gundroicing event listed in Section 112	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	06/	15/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Rowley		Clayton			2437				
Residential Street Address	City			State	Zip Code				
532 Rowland Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er						
project manager		West	Construction						
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Cash  Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	06/	15/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
DeNamur		Michael			2438				
Residential Street Address	City			State	Zip Code				
221 S Benson Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er						
Sales & Marketing			d Technologies	,					
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No.	)	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent cinia (	•						
government the contract is with:  Executive Legislative			x No						
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
Cook Powerpal Charle	l								
If yes, list Event # Cash Credit/Debit Card	06/	15/2014	\$100.00		\$100.00				
1					T				
Last Name	First			MI	Contribution ID #				
McKinney		Stewart			2435				
Residential Street Address	City			State	Zip Code				
103 Burroughs Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ							
Teacher			f Bridgeport		unt of Contailersi				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with:  Legislative Legislative Legislative	D-4	Dagaiyad							
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
No Cash Personal Check	00.1	15/2014	4200.00		¢100.00				
If yes, list Event # No Money Order X Credit/Debit Card	J 06/	15/2014	\$200.00		\$100.00				

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I MONETA BY DECEMBER (C. P. A. D.								
I. MONETARY RECEIPT	S (S	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  Mckinney For Governor  Itemized Statement accompanying application for Public								
Grant - Amendment								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Autuori		Roger		V	2212			
Residential Street Address	City			State	Zip Code			
1310 Melville Ave		Fairfield		CT	06825			
Principal Occupation		Name of Employ	er					
Registar Ventures		Town	of Fairfield					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tunidraising event instead in Section 31:								
X No	06/	15/2014	\$50.00		\$50.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Barhydt		Peter			2443			
Residential Street Address	City			State	Zip Code			
39 Walsh Ln		Greenwich		СТ	06830			
Principal Occupation		Name of Employ	er					
CEO		Abero	leen Associates					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
	)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check    No	06/	16/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Torrres		Enrique			2442			
Residential Street Address	City	•		State	Zip Code			
108 Midland St		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er					
Entrepreneur		Self						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
	)	dependent child of						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
No Cash Personal Check	06/	16/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
<del>Doyle</del>		<del>John</del>			<del>2444</del>			
Residential Street Address	City			State	Zip Code			
<del>300 E Hartland Rd</del>		Barkhamstee	ł	<del>CT</del>	<del>06063</del>			
Principal Occupation		Name of Employ						
Lobbyist/Consultant			eyle Group Inc					
			abbreigt anguag or	Amou	nt of Contribution			
Yes 🔻 No	)	dependent child of	Vac					
If yes, indicate which branch or branches of  Executive  Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
No Cash Personal Check	06/	<del>16/2014</del>	<del>\$200.00-</del>		<del>\$100.00</del>			
If yes, list Event # Money Order X Credit/Debit Card	I 55/	-,	4200.00					

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (50	ection A-I)	TYPE OF REPORT					
					ion for Public			
Mckinney For Governor			Grant - Amendment	iyirig applicat	ion for Fublic			
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Doyle		John			2444			
Residential Street Address	City			State	Zip Code			
300 E Hartland Rd		Barkhamste	ed	СТ	06063			
Principal Occupation		Name of Employ	er	-	•			
Lobbyist/Consultant		The I	Doyle Group Inc					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?					
government the contract is with:  Executive Legislative			□ No					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Cash  Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	06/	16/2014	\$100.00		\$100.00			
if yes, list Evene#								
Last Name	First			MI	Contribution ID #			
Edwards		Bert			2440			
Residential Street Address	City			State	Zip Code			
3 Briarcliffe Ct		Ocean View		DE				
Principal Occupation		Name of Employ	er					
СРА		Self						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Cash  Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	06/	16/2014	\$100.00		\$100.00			
If you, list Evene if								
Last Name	First			MI	Contribution ID #			
Boyle		Howarth			2441			
Residential Street Address	City			State	Zip Code			
30 Bokum Rd Unit 353		Essex		СТ	06426			
Principal Occupation		Name of Employ	er					
RETIRED		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of						
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event fisted in Section 31?								
If yes, list Event # Cash Credit/Debit Card	06/	16/2014	\$100.00		\$100.00			
In you, and Drown								
Last Name	First			MI	Contribution ID #			
nolte		daniel			2439			
Residential Street Address	City			State	Zip Code			
96 Red Oak Rd		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er					
RETIRED		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	。		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	1 a 1000yist?					
government the contract is with:  Executive Legislative			x <sub>No</sub>	]				
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
— Downsol Chesh								
If yes, list Event # No	06/	16/2014	\$25.00		\$25.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT					
Mckinney For Governor			Itemized Statement accompan Grant - Amendment	ying applicat	on for Public
B. Itemized Contributions from	m Ind	lividuals	State 7 monament		
Last Name	First			MI	Contribution ID #
McPhillips		Robin			2445
Residential Street Address	City			State	Zip Code
91 Gate Ridge Rd		Fairfield		СТ	06825
Principal Occupation		Name of Employ	er		
RETIRED		N/A			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?  Cash  Personal Check					
If yes, list Event # No Money Order X Credit/Debit Card	06/:	17/2014	\$50.00		\$50.00
in you, in the control of the contro					
Last Name	First			MI	Contribution ID #
Rosecrans		Heidi			2446
Residential Street Address	City			State	Zip Code
55 Breezy Hill Rd	<u> </u>	Stamford		СТ	06903
Principal Occupation		Name of Employ	er		
RETIRED		N/A		-	
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check					
If yes, list Event # No Money Order X Credit/Debit Card	06/:	17/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Harrel		Robert		F	2203
Residential Street Address	City			State	Zip Code
63 Saint Nicolas Rd	L	Darien		СТ	06820
Principal Occupation		Name of Employ	er		
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	Is contributor a l dependent child of	obbyist, spouse, or  of a lobbyist?  Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of  Executive  Legislative		dependent enna e	x No		
government the contract is with:	لـــا				
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	06/	47/2044	+400.00		+400 00
If yes, list Event # 06172014A No Money Order Credit/Debit Card	06/.	17/2014	\$100.00		\$100.00
Tr. Sv					a . 7
Last Name	First	Fi.		MI	Contribution ID #
Witlin	G'i	Eric		Н	2202
Residential Street Address	City	Duidaanaut		State	Zip Code
2625 Park Ave # 15E	Ь,	Bridgeport		СТ	06604
Principal Occupation		Name of Employ			
Professor  Is contributor a principal of a state contractor or prospective state contractor?			rsity of Bridgeport obbyist, spouse, or	A	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	Vac	Amou	in or Contribution
If yes, indicate which branch or branches of Executive Legislative		-	x No		
government the contract is with:	Doto	Received			
is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	067	17/2014	\$95.00		\$95.00
If yes list Event # 06172014A Money Order Credit/Debit Card	I 00/.	1//2017	φ33.00		ψ55.00

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Mckinney For Governor			Itemized Statement accompan Grant - Amendment	ying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
White, Jr.		James		Р	2205
Residential Street Address	City			State	Zip Code
4 Scotch Pine Dr		Shelton		СТ	06484
Principal Occupation		Name of Employ			
Attorney			an Comlay		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a fundamining agent listed in Section 112	Date	Received	Aggregate Contributions		
lundraising event listed in Section 31:					
□ No □ □ □ ·····························	06/:	17/2014	\$100.00		\$100.00
If yes, list Event# 06172014A					
Last Name	First			MI	Contribution ID #
White		Patricia		L	2206
Residential Street Address	City			State	Zip Code
4 Scotch Pine Dr	L	Shelton		СТ	06484
Principal Occupation		Name of Employ			
Retired  Is contributor a principal of a state contractor or prospective state contractor?		Retire	11 14	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	0	dependent child of	Vac	Amot	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:  Is this contribution associated with a fundringing event listed in Section 112.  X Yes  Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event risted in Section 31:					
□ No □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	06/:	17/2014	\$100.00		\$100.00
If yes, list Event # 06172014A					
Last Name	First			MI	Contribution ID #
Benson		Richard			2201
Residential Street Address	City			State	Zip Code
17 Buena Vista Dr	<u></u>	Westport		СТ	06880
Principal Occupation  Real Estate Devel.		Name of Employ	<sub>er</sub> Benson & Co.		
			obbyist, spouse, or	Amou	unt of Contribution
is contributor a principal of a state contractor or prospective state contractor?  Yes  N	o	dependent child o		1 111100	an of controunon
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions		
Tunidialising event listed in Section 31:					
If yes, list Event # 06172014A No Sash Amoney Order Credit/Debit Card	06/	17/2014	\$100.00		\$100.00
Type, and Profession State of the Cartesian S				<u> </u>	
Last Name	First			MI	Contribution ID #
Schmitz	o:	Janet		G	2204
Residential Street Address	City	New Canana		State	Zip Code
110 Winfield Ln Principal Occupation	<u> </u>	New Canaan Name of Employe	or	СТ	06840
Retired		Retire			
			obbvist, spouse, or	Amou	ınt of Contribution
Yes X N	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
Tunidialising event listed in Section 31:					
If yes, list Event # 06172014A No Money Order Credit/Debit Card	06/	17/2014	\$100.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor  Itemized Statement accompanying application of Grant - Amendment								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Kachele		Karen		S	2199			
Residential Street Address	City			State	Zip Code			
85 Kachele St		Easton		СТ	06612			
Principal Occupation		Name of Employ	er					
Admin. Asst.		Easto	n Community Center					
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	<u> </u>					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check	0.51	47/2044	+400 00		+100.00			
If yes, list Event # 06172014A No Money Order Credit/Debit Card	06/	17/2014	\$100.00		\$100.00			
LadNama	First			MI	Contribution ID #			
Last Name  Kachele	FIISt	Androw		R	2200			
Residential Street Address	City	Andrew		State	Zip Code			
85 Kachele St	City	Easton		CT	06612			
Principal Occupation		Name of Employ	or	CI	00012			
Retired		Retire						
			abbyiet enquee or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	Vac					
If yes, indicate which branch or branches of  Executive  Legislative			x <sub>No</sub>					
government the contract is with:	Date	Received	Aggregate Contributions					
Is this contribution associated with a fundraising event listed in Section J1?								
No Cash X Personal Check	06/	17/2014	\$100.00		\$100.00			
If yes, list Event # 06172014A			·					
Last Name	First			MI	Contribution ID #			
Cooling		Anne		С	2183			
Residential Street Address	City			State	Zip Code			
204 Ferris Hill Rd		New Canaan		СТ	06840			
Principal Occupation		Name of Employ	er	-				
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	_	dependent child of	of a foodyist:					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event instead in Section 31:								
If yes, list Event # 06172014A No Some Order Credit/Debit Card	06/	17/2014	\$100.00		\$100.00			
T					G . 7			
Last Name	First	Newmen		MI	Contribution ID #			
Brown, Jr.	City	Norman		H	2184			
Residential Street Address  204 Ferris Hill Rd	City	Now Canaan		State CT	Zip Code 06840			
Principal Occupation		New Canaan Name of Employ	or	CI	00040			
Retired		Retire						
			abbyist spays or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
government the contract is with:	Date	Received	Aggregate Contributions					
s this contribution associated with a fundraising event listed in Section J1?								
No Cash X Personal Check	06/	17/2014	\$100.00		\$100.00			
If yes, list Event # 06172014A	l			1				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Mckinney For Governor Itemized Statement accompanying application Grant - Amendment								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Morigi-Armstrong		Karolyn			2185			
Residential Street Address	City			State	Zip Code			
51 Forest Gables 98		Old Greenwid		СТ	06890			
Principal Occupation  Wealth Advisor		Name of Employ	<sup>er</sup> daptive Wealth Mgmt					
			obbyist, spouse, or	Amou	unt of Contribution			
Yes X No	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a X Voc Method of contribution:	Date	Received	Aggregate Contributions					
Tunidialising event listed in Section 31:								
If yes, list Event # 06172014A No San Sensitive Cash No Money Order Credit/Debit Card	06/	17/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Leening	1 1130	Barbara		] ]	2189			
Residential Street Address	City	24.24.4		State	Zip Code			
156 South Ave		New Canaan		СТ	06840			
Principal Occupation		Name of Employ	er		•			
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of						
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
No Cash Personal Check	06/	17/2014	\$25.00		\$25.00			
If yes, list Event # 06172014A								
Last Name	First			MI	Contribution ID #			
von Keyserling		Christopher			2192			
Residential Street Address	City			State	Zip Code			
PO Box 351	<u> </u>	Cos Cob		СТ	06807			
Principal Occupation Self Employed		Name of Employ Self	er					
			obbyist, spouse, or	Amor	unt of Contribution			
Yes 🔼 No	0	dependent child of						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tunidialising event listed in Section 31:								
If yes, list Event # 06172014A No No Money Order Credit/Debit Card	06/	17/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Rosenblum	First	James		IVII	2193			
Residential Street Address	City			State	Zip Code			
48 Spring St		Greenwich		СТ	06830			
Principal Occupation		Name of Employ	er		•			
Attorney		Attorr	ney					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		acpendent child (	x No					
government the contract is with:  Is this contribution associated with a Method of contribution:  Method of contribution:	Doto	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	06/	17/2014	\$100.00		\$100.00			
If yes, list Event # 06172014A		,	<del>+</del>					

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Mckinney For Governor	ying applicat	ion for Public							
Grant - Amendment  B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Failla		J.		Т	2194				
Residential Street Address	City			State	Zip Code				
21 Saulson Rd		Weston		СТ	06883				
Principal Occupation Professor		Name of Employ Pace	<sup>er</sup> University						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	U	dependent child of	or a lobbyist?						
government the contract is with:  Executive  Legislative	Б.	D : 1							
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions						
If yes, list Event # 06172014A	06/	17/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Ryan	1 1130	John		J	2196				
Residential Street Address	City			State	Zip Code				
32 Cerry St		Darien		СТ	06820				
Principal Occupation		Name of Employ	er		•				
Attorney		Russo	& Assoc.	-					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	Is contributor a l dependent child of	obbyist, spouse, or  of a labbyist?  Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of  Executive Legislative		перенает стпа с	x No						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Dute	110001100	riggregate contributions						
If yes, list Event # 06172014A No Cash X Personal Check  Money Order Credit/Debit Card	06/	17/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Cain		George		М	2197				
Residential Street Address	City			State	Zip Code				
PO Box 369		Greenwich		СТ	06831				
Principal Occupation		Name of Employ	er						
Real Estate		Self Is contributor of	obbyist spouse or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	dependent child of	V	Amou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tunidialising event listed in Section 31:									
If yes, list Event # 06172014A No No Money Order Credit/Debit Card	06/	17/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Parisi		Virginia		F	2195				
Residential Street Address	City			State	Zip Code				
151 Astoria Ave		Bridgeport		СТ	06604				
Principal Occupation		Name of Employ							
Retired		Retire	abbreigt anguag or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	o	dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions						
Tunidialising event listed in Section 31:									
If yes, list Event # 06172014A No San Sensor Personal Check  No Money Order Credit/Debit Card	06/	17/2014	\$50.00		\$50.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Mckinney For Governor			Itemized Statement accompan Grant - Amendment	ying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Brazier		Leslie		С	2198
Residential Street Address	City			State	Zip Code
285 Courtland Ave		Bridgeport		СТ	06605
Principal Occupation		Name of Employe			
Admin. Asst.			eld University		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a fundamining agent listed in Section 112	Date	Received	Aggregate Contributions		
lundraising event listed in Section 31:					
No I Total Tributal Care	06/:	17/2014	\$50.00		\$50.00
If yes, list Event# 06172014A					
Last Name	First			MI	Contribution ID #
Lindstorm		Janet			2187
Residential Street Address		State	Zip Code		
231 Sleepy Hollow Rd	Щ,	New Canaan		СТ	06840
Principal Occupation		Name of Employe			
Administrator			Canaan Historical Society	1	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	0	dependent child o	obbyist, spouse, or of a lobbyist?  Yes	Amot	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			36 -8		
No					\$100.00
If yes, list Event # 06172014A		·	·		
Last Name	First			MI	Contribution ID #
Barrack		Evelyn		I	2188
Residential Street Address	City			State	Zip Code
781 Weed St		New Canaan		СТ	06840
Principal Occupation		Name of Employe	er		
N/a		N/a			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		1	x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			1-88-18		
No Cash X Personal Check	06/:	17/2014	\$100.00		\$100.00
If yes, list Event# 06172014A		·	·		
Last Name	First			MI	Contribution ID #
Johnson		Craig			2186
Residential Street Address	City			State	Zip Code
90 Nursery Rd	L	New Canaan		СТ	06840
Principal Occupation		Name of Employ			
Retail			ne Growth LLC		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  Yes	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	ınt of Contribution
If yes, indicate which branch or branches of		arp and on ound o			
government the contract is with:	Dote	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	06/:	17/2014	\$100.00		\$100.00
If yes list Event # 06172014A	I ''	•	1	1	•

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (		TYPE OF REPORT							
Mckinney For Governor			Itemized Statement accompan Grant - Amendment	ying applicat	ion for Public					
B. Itemized Contributions from	n Ind	lividuals	Grant - Amendment							
Last Name	First			MI	Contribution ID #					
Holmes		Joe			2190					
Residential Street Address	City			State	Zip Code					
7 Tommy's Ln		Norwalk		СТ	06850					
Principal Occupation		Name of Employ	er							
Retired		Retire	ed							
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or Yes	Amou	unt of Contribution					
If yes, indicate which branch or branches of		dependent child of								
government the contract is with:		D : 1	x <sub>No</sub>							
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Date Received Aggregate Contributions								
Cash X Personal Check	067	17/2014	¢100.00		¢100.00					
If yes, list Event # 06172014A No Money Order Credit/Debit Card	06/	17/2014	\$100.00		\$100.00					
Last Name		MI	Contribution ID #							
Holmes	First	Рорру			2191					
Residential Street Address	City	. орру		State	Zip Code					
7 Tommy's Ln		Norwalk		СТ	06850					
Principal Occupation		Name of Employ	er							
Retired										
Is contributor a principal of a state contractor or prospective state contractor?	Amou	unt of Contribution								
If yes, indicate which branch or branches of government the contract is with:			x No							
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions							
fundraising event listed in Section J1?  Cash  Personal Check										
If yes, list Event # 06172014A No Money Order Credit/Debit Card	06/	17/2014	\$100.00		\$100.00					
Last Name	First			MI	Contribution ID #					
Russell Residential Street Address	City	John		State	2449					
2780 Redding Rd	City	Fairfield		CT	Zip Code 06824					
Principal Occupation		Name of Employ	er	Ci	00024					
Development			e School							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lobbyist spouse or Amount of Contribution								
	)	dependent child of	of a lobbyist?							
If yes, indicate which branch or branches of government the contract is with:			x No							
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions							
Tundraising event listed in Section 31?										
If yes, list Event # No Money Order X Credit/Debit Card	06/	18/2014	\$100.00		\$100.00					
Last Name	First			MI	Contribution ID #					
Stirna	O.	Frank		g	2447					
Residential Street Address	City	Ctuatfoud		State	Zip Code					
80 Roosevelt Forest Dr Principal Occupation		Stratford Name of Employ	or	СТ	06614					
Printer			ville Printing							
			.1.1	Amou	unt of Contribution					
Yes X No	)	dependent child of		Amount of Contribution						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>							
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions							
fundraising event listed in Section J1?										
No	06/	18/2014	\$25.00		\$25.00					

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I. MONETARY RECEIPT	S (S	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	wina annliaat	ion for Dublic			
Mckinney For Governor			Itemized Statement accompan Grant - Amendment	iying applicat	ion for Public			
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Kliegman		Sally			2450			
Residential Street Address	City			State	Zip Code			
138 Long Lots Rd		Westport		СТ	06880			
Principal Occupation		Name of Employ						
Homemaker			maker					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution			
If yes, indicate which branch or branches of  Executive Legislative			X <sub>No</sub>					
government the contract is with:	Date	Received	Aggregate Contributions					
s this contribution associated with a fundraising event listed in Section J1?	Date	received	riggregate contributions					
No Cash Personal Check	06/	18/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	,	-, -						
Last Name	First			MI	Contribution ID #			
Kliegman		Michael			2448			
Residential Street Address	City			State	Zip Code			
138 Long Lots Rd		Westport		СТ	06880			
Principal Occupation		Name of Employ	er					
Tax Lawyer	Price Water House Cooprs LLP							
Is contributor a principal of a state contractor or prospective state contractor?	Amou	int of Contribution						
If yes, indicate which branch or branches of	_	dependent child of	<u> </u>					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:  Yes  Yes	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # No Money Order X Credit/Debit Card	06/	18/2014	\$100.00		\$100.00			
				L				
Last Name	First	Cl		MI	Contribution ID #			
Briden	City	Glen		Ct-t-	2451			
Residential Street Address 237 Fern St Unit 412	City	Wost Hartfor	d	State CT	Zip Code 06119			
Principal Occupation		West Hartfor Name of Employ		Сі	00119			
Engineer			n Power Inc					
-			obbyist, spouse, or	Amou	int of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a fundasing event listed in Section 112	Date	Received	Aggregate Contributions	1				
tundraising event insect in Section 31:								
If yes, list Event #	06/	19/2014	\$25.00		\$25.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Weitzner		Larry			2452			
Residential Street Address	City			State	Zip Code			
186 Fairview Rd		Skillman		NJ	08558			
Principal Occupation		Name of Employ						
Consultant			stown Associates					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent ennu (	x No					
government the contract is with:  Legislative Legislative  Method of contribution:	Det	Dagaiya4						
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	06/	19/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	1 00/	19/2014	\$100.00		φ100.00			

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I. MONETARY RECEIPT	'S (Se	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<del>5 (51</del>	<del>(11011 / 1 1)</del>	TYPE OF REPORT			
Mckinney For Governor			Itemized Statement accompan	ying applicat	ion for Public	
B. Itemized Contributions from	m Ind	lividuale	Grant - Amendment			
Last Name	First	iiviuuais		MI	Contribution ID #	
Weitzner	First	Jackie		IVII	2453	
Residential Street Address	City	Juckie		State	Zip Code	
186 Fairview Rd		Skillman		NJ	08558	
Principal Occupation		Name of Employ	er			
RETIRED		N/A				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or  Yes	Amou	ınt of Contribution	
If was indicate which branch or branches of	U	dependent child of	of a lobbyist?			
government the contract is with:			x <sub>No</sub>			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?  Cash  Personal Check						
If yes, list Event # No Money Order X Credit/Debit Card	06/	19/2014	\$100.00	\$100.00		
Lad Norma	First			MI	Contribution ID #	
Last Name Weitzner	FIISt	Perry		IVII	Contribution ID # 2454	
Residential Street Address	City	reny		State	Zip Code	
186 Fairview Rd		Skillman		NJ	08558	
Principal Occupation	1.13	1 00000				
Student Student						
Is contributor a principal of a state contractor or prospective state contractor?	Amou	ant of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	<u></u>			
government the contract is with:			x <sub>No</sub>			
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions			
Cash Personal Check						
If yes, list Event # No Money Order X Credit/Debit Card	06/	19/2014	\$100.00	\$100.00		
I w	First			MI	Louis mu	
Last Name Frantz	FIISt	L Scott		IVII	Contribution ID # 2455	
Residential Street Address	City	L SCOLL		State	Zip Code	
123 Meadow Rd	City	Riverside		CT	06878	
Principal Occupation		Name of Employ	er			
President		Haebl	er Capital			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ınt of Contribution	
If yes, indicate which branch or branches of	0	dependent child of	<u> </u>			
government the contract is with:  Executive Legislative			x <sub>No</sub>			
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions			
If yes, list Event # Cash Credit/Debit Card	06/2	20/2014	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Perillo	FIISt	Jason		IVII	2458	
Residential Street Address	City	Jason		State	Zip Code	
454 Coram Ave	City	Shelton		CT	06484	
Principal Occupation		Name of Employe	er		1	
Legislator		State	of CT			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or  for lobbyist?  Yes	Amou	ant of Contribution	
	υ	dependent child of	a lobbyist?			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>			
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions			
— Downsol Chesh						
If yes list Event # No	06/2	21/2014	\$100.00		\$100.00	

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I. MONETARY RECEIPT	S (Se	ection A-I)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Mckinney For Governor			Itemized Statement accompan Grant - Amendment	ying applicat	ion for Public			
B. Itemized Contributions from	m Ind	lividuals	Grant - Amendment					
Last Name	First			MI	Contribution ID #			
Murphy		Linda			2456			
Residential Street Address	City			State	Zip Code			
842 Redding Rd		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er					
Teacher Naturalist / Substitute Teacher		CT Au	dubon					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Dute	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check    No	06/	21/2014	\$50.00		\$50.00			
LadNama	Einet			MI	Contribution ID #			
Last Name  Wendell	First	Coorgo		MI	2457			
Residential Street Address	City	George		State	Zip Code			
20 Navy Ln	City	Essex		CT	06426			
Principal Occupation		Name of Employ	er	<u> </u>	00420			
RETIRED	N/A							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a	Date	Received	Aggregate Contributions	1				
Cash Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	06/	21/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Osborne		Donald			2459			
Residential Street Address	City			State	Zip Code			
3470 E Bogert Trl		Palm Springs	i	CA	92264			
Principal Occupation		Name of Employ	er					
Consultant		Donal	d W Osborne, LLC					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or  of a lobbyist?  Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x No					
government the contract is with:	Doto	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check    No	06/	22/2014	\$100.00		\$100.00			
Last Name	First	•		MI	Contribution ID #			
Stegelmann	FIISt	Dawn		IVII	2460			
Residential Street Address	City	Dawii		State	Zip Code			
63 Southport Grn	City	Southport		CT	06890			
Principal Occupation		Name of Employ	er					
Episcopal priest		Trinity	y Episcopal Church					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l	obbyist, spouse, or  of a lobbyist?  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent ennu (	x No					
government the contract is with:	Det	Dagaiya 4						
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
No Cash Personal Check	06/	22/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	I		7	I				

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I. MONETARY RECEIPT	'S (Section	on A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT			
Mckinney For Governor			Itemized Statement accompan Grant - Amendment	ying applica	tion for Public	
B. Itemized Contributions from	m Individ	luals				
Last Name	First			MI	Contribution ID #	
Porco	Ca	rol			2461	
Residential Street Address	City			State	Zip Code	
87 Seabright Ave	Bri	dgeport		СТ	06605	
Principal Occupation	Nat	ne of Employe	r			
Project Coordinator			t Data Retrieval			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No		contributor a lo endent child of	bbyist, spouse, or falobbyist?  Yes	Amo	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative	l dep	endent ennu e.	x No			
government the contract is with:  Is this contribution associated with a Method of contribution:	Date Recei	ved	Aggregate Contributions			
fundraising event listed in Section J1?	Bute Recei	, rou	Tiggiogate commountains			
If yes, list Event # No Cash Personal Check  Money Order X Credit/Debit Card	06/23/2	014	\$25.00		\$25.00	
Last Name	First			MI	Contribution ID #	
Craft	An	ne			2295	
Residential Street Address	City			State	Zip Code	
8095 SE Golfhouse Dr	Но	be Sound		FL	33455	
Principal Occupation	Nat	ne of Employe	r		•	
Retired						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No			bbyist, spouse, or  Fe lebbyist?  Yes	Amo	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative	dependent child of a lobbyist?					
Is this contribution associated with a Method of contribution:	Date Recei	ved	Aggregate Contributions			
fundraising event listed in Section J1?						
If yes, list Event # Cash X Personal Check  Money Order Credit/Debit Card	06/23/2	014	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Linsky		drew		Z	2300	
Residential Street Address	City			State	Zip Code	
1019 W Cielo Dr	Pa	lm Springs		CA	92262	
Principal Occupation	Nat	ne of Employe	r		•	
Real Estate Sales		Winde	rmere Real Estate			
Is contributor a principal of a state contractor or prospective state contractor?			bbyist, spouse, or  f a lobbyist?  Yes	Amo	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative	dep	endent child of	ra lobbyist?			
Is this contribution associated with a Method of contribution:	Date Recei	ved	Aggregate Contributions			
tundraising event listed in Section 31?						
If yes, list Event # Cash Personal Check  Money Order X Credit/Debit Card	06/24/2	014	\$100.00		\$100.00	
			m , 1 a	a .: .	420.000.00	
			Total of S	Section B	\$30,865.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section 2)	ione A + B	(Total	al on Line 14 of Summary Page)		\$30.865.00	

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I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE (Provide Complete Name as Re	egistered wit	th Commission	n)			TYPE OF R	EPORT				
Mckinney For Governor						Itemized Statement a application for Public					
C1. Co	ntribution	s from Othe	r Commi	ttees							
Name of Committee Name of Treasurer											
Address  Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #						Yes No	Amount of Contribution				
City	State Zi	p Code	Date R	Aggregate Contributions							
Total of Section C1											
I. MONE	ΓARY RI	ECEIPTS (	Section 2	<b>A-I</b> )							
NAME OF COMMITTEE						TYPE OF REPORT					
Mckinney For Governor						d Statement accompanyi Grant - Amendment	ng application for				
C2. Reimbursements,	Payments,	or Surplus	Distribut	ions from other (	Committee	es					
Name of Committee				Name of Treasurer							
Address	ddress Date Received						Amount of Receipt				
City	State	Zip Code		Reimbursement fo	or shared expen	ise					
				Payment for good	s and services						
					,	Fatal of Saction C2					

	I. MONE	ETARY RECEIP	ΓS (Section A-I)							
NAME OF COMMITTEE					TY	PE O	F REPORT			
Mckinney For Governor					Itemized Statement accompanying application for Public Grant - Amendment					
	D. Loan	s Received this Peri	od							
Name of Lender			Source of Loan:					Date of Receipt		
S		Lev	Bank Candid	date		vidual	Other			
Street Address		City			S	tate	Zip Code	Is there a cosigner or Guarantor of this loan?  Yes No		
Name of Cosigner/Guarantor (if applica	ble)	I						Amount Received		
Street Address		City			S	tate	Zip Code			
Total of Section D										
I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE TYPE OF REPORT								PRT		
Wickinite y 1 of Governor						ed Statement acc blic Grant - Amen	ompanying application dment			
E. Personal	Funds of the Candidate Rec	eived this Period (C	Candidate Committee	es ONI	LY)					
Date of Receipt	Method of Payment  Cash	Personal Check	Credit/Deb	it Card				Amount		
					To	tal of S	ection E			
	I. Mo	netary Receipts (	Section A-I)							
NAME OF COMMITTEE						TY	PE OF REPOR	Т		
Mckinney For Governor							tatement accomp nt - Amendment	anying application for		
	G. Interest from	m Deposits in Auth	orized Accounts							
Name of Institution				Г	ate Recei	ved		Amount		
Street Address		City		State		Zip Co	ode			
						Tots	al of Section G			

	I. MONETARY RECEIPTS (Section A-K)											
NAME OF COM	IMITTEE	TYPE OF REPORT										
Mckinney For	Governor					Itemized Statement accompanying application for Public Grant - Amendment						
H. Public Grant Funds Received from the Citizens' Election Fund												
Purpose of Grant:	Initial Supplemental/	Grant Adjustment Post Election Deficit	Grant Cycle: Primary	General Election	Special Election	Date Received	Amount					
						Total of Section H						
	I. MONETARY RECEIPTS (Section A-K)											

I. MONETARY RECEIPTS (Section A-K)										
NAME OF COMMITTEE	TYPE OF REPORT									
Mckinney For Governor		ed Statement accompany Grant - Amendment	ring application for							
I. Miscellaneous Monetary Receipts not Considered Contributions										
Name			Date of	f 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 R	EPORT				
Mckinney For Governor						Itemized Statement ac for Public Grant - Ame		application			
	J1. Fundraising Event	Inform	ation								
Fundraising Event # Date of Fundraiser 04/14/2014 A Letter	Description Dinner Event										
Location: Street Address 990 Foxon Rd	·				City East Have	en	State CT	Zip Code 06513			
Was this fundraising event hosted at a personal resid	dence?	X	Yes No			tions not Considered Contr chases made by host(s) for		and			
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	X	Yes No	If yes, to to Section J3 complete required info		tions not Considered Contri	butions and				
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	X	Yes No	(If yes, enter Total Red	ceipts here.)			\$0.00			
Fundraising Event # Date of Fundraiser 06/01/2014 Letter A	Description Home Fundraiser										
Location: Street Address 50 Saint Nicholas Rd					City Darien		State CT	Zip Code 06820			
Was this fundraising event hosted at a personal resid	dence?	X	Yes No			tions not Considered Contr chases made by host(s) for		and			
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	x	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 purchases from an individual of up to \$100?	of donated items with	x	Yes No	(If yes, enter Total Red	ceipts here.)			\$0.00			
Fundraising Event # Date of Fundraiser 06/08/2014 Letter A	Description Home Fundraiser							_			
Location: Street Address 5 Wicks End Ln					City Wilton		State CT	Zip Code 06897			
Was this fundraising event hosted at a personal resid	dence?	X	Yes No	if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for puchases made by host(s) for food, beverage and invitations.							
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	X	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 purchases from an individual of up to \$100?	of donated items with	X	Yes No	(If yes, enter Total Receipts here.) \$0.							

п	II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)												
NAME OF COMMITTEE						TYPE OF	REPOR	ΥТ					
Mckinney For Governor						Itemized Statement a for Public Grant - Am			plication				
	J1. Fundraising Event I	nform	ation										
Fundraising Event # Date of Fundraiser 06/09/2014 Letter A	Description Cocktail Event												
Location: Street Address 26-28 Church Ln					City Westport			State CT	Zip Code 06880				
Was this fundraising event hosted at a personal residence?				if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for puchases 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.) \$0.									
Fundraising Event # Date of Fundraiser 06/17/2014 Letter A	Description Cocktail Event												
Location: Street Address 410 Hollow Tree Ridge Rd					City Darien			State CT	Zip Code 06820				
Was this fundraising event hosted at a personal resid	ence?	X	Yes No			ions not Considered Con chases made by host(s) for			nd				
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 opurchases from an individual of up to \$100?	of donated items with	X	Yes No	(If yes, enter Total Rec	reipts here.)				\$0.00				
					To	tal of Section J1			\$0.00				

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REP	TYPE OF REPORT		
Mckinney For Governor						Itemized Statement accompanying application for Public Grant - Amendment			
J3. In-Kind Donations Not Considered Contributions									
Name of the Donor									
Street Address				City			State	Zip Code	
Donation Given by:  Individual	Description of Donation						Fair Market Value of Donation		
Business Entity  Sole Proprietorship	Date Received	Event #	nt# Aggregat			te value for this event			
Total of Section J3									
III. NONMONETARY RECEIPTS (Sections K - M)									
NAME OF COMMITTEE						TYPE OF RE	TYPE OF REPORT		
Mckinney For Governor						Itemized Statement accompanying application for Public Grant - Amendment			
K. In-Kind Contributions									
Name									
Street Address					City		State	Zip Code	
Is this contribution associated with a fundraising event					n				
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a principal contractor? if yes, indicate white government the contractor.							Fair Market Value of this Contribution		
Type of Contributor:				Date Received		Aggregate contributions			
Individual Co	ommittee	Sole Propri	ietorship						
Total of Section K									

Total of Section M

III. Non Mone	tary I	Receipts (Sections	K - M)					
NAME OF COMMITTEE (Provide Complete Name as Registered w	ith Coı	mmission)			TYPE OF REPORT			
Mckinney For Governor					Itemized Staten Public Grant - A		npanying application for It	
L. Refundable Deposit to	Telep	ohone Company						
Last Name of Individual	F	First Name			MI	Date D	deposit Made	
Residential Street Address	City			State	Zip Code		Amount of Deposit	
Name of Telephone company								
Street Address	City			State	Zip Code			
					Total of Se	ection L		
III. NONMON	ETAI	RY RECEIPTS (S	ections	K - M)				
NAME OF COMMITTEE					TYPE OF REPORT			
Mckinney For Governor				Itemized Statement accompanying application for Public Grant - Amendment				
M. Non-Monetary Receipts of Organiz Legislative Caucus, and Party Commi					eadership,			
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees C	ONLY)		Name of T	reasurer				
Street Address				Date Notice	Received	Fair Market Value of Donation		
City		State	Zip Code		Aggregate D	onations		
Description of Donation			Purpose of	Expenditure B	С	)		

	IV. EXPENDITURES (S	Sections N - S)		
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		ТҮР	E OF REPORT
Mckinney For Governor				atement accompanying application for t - Amendment
	N. Expenses Paid By Comm	nittee	i dono oran	TAILORIGHOM
Name of Payee Tusk Productions			Date of Payment 04/01/2014	Method of Payment  X Check # 1086  Debit Card
Street Address 38 Lakewood Dr		City Denville		State Zip Code NJ 07834
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	No (if a	enditure # oplicable)	Event#	\$5,000.00
Name of Payee Tusk Productions			Date of Payment 04/01/2014	Method of Payment  X Check # 1087  Debit Card
Street Address 38 Lakewood Dr		City Denville		State Zip Code NJ 07834
Purpose of Expend RCW	Description			Amount
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	No (if a	enditure # oplicable)	Event #	\$310.73
Name of Payee OneSmartConference			Date of Payment 04/07/2014	Method of Payment  X Check # 1089  Debit Card
Street Address 7026 Surrey Dr		City Woodstock		State Zip Code GA 30189
Purpose of Expend OVHD	Description			Amount
Is this expenditure coordinated with a which reimbursement is sought?		enditure # oplicable)	Event #	\$115.22

IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			TYPE	OF REPORT	
Mckinney For Governor				temized State		nying application for
	N. Expenses Paid By Comm	ittee		asio Siant		
Name of Payee Nolan Davis			Date of Payn 04/07/20		. —	yment Theck # <u>1091</u> Debit Card
Street Address 86 Griffin Rd		City Broad Brook			State CT	Zip Code 06016
Purpose of Expend TRVL	Description					Amount
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	No (if ap	nditure # plicable)	Event#			\$527.36
Name of Payee Voter Trove			Date of Payn 04/07/20			yment Theck# <u>1088</u> Debit Card
Street Address 921 Cavalry Ride Trl		City Austin			State TX	Zip Code 78732
Purpose of Expend CNSLT	Description					Amount
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	No (if ap	nditure # plicable)	Event#			\$650.00
Name of Payee Nolan Davis			Date of Payn 04/07/20		. —	yment Heck# <u>1090</u> Debit Card
Street Address 86 Griffin Rd		City Broad Brook			State CT	Zip Code 06106
Purpose of Expend CNSLT	Description					Amount
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	No (if ap	nditure # plicable)	Event #			\$900.00

	IV. EXPENDITURES (S	ections N - S)			
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		ТҮРЕ	OF REPORT	
Mckinney For Governor			Itemized State	ement accompanying application for Amendment	
	N. Expenses Paid By Comm	ittee			
Name of Payee Goodfellas Restaurant			Date of Payment 04/08/2014	Method of Payment  X Check # 1092  Debit Card	
Street Address 702 State St		City New Haven		State Zip Code CT 06511	
Purpose of Expend FNDR *	Description event space			Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	No (if app	nditure # plicable)	Event # 03272014a	\$499.84	
Name of Payee Nolan Davis			Date of Payment 04/22/2014	Method of Payment  X Check # 1093  Debit Card	
Street Address 85 Griffin Rd		City Broad Brook		State Zip Code CT 06016	
Purpose of Expend CNSLT	Description			Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	No (if app	nditure # plicable)	Event#	\$900.00	
Name of Payee Stamford Republican Town Com	nmittee		Date of Payment 04/22/2014	Method of Payment  X Check # 1095  Debit Card	
Street Address 97 Ocean Dr W		City Stamford		State Zip Code CT 06902	
Purpose of Expend ATT *	Description three tickets to Stamford RTC fundraiser for candid	ate and staff		Amount	
Is this expenditure coordinated with a which reimbursement is sought?	I	nditure # plicable)	Event #	\$300.00	

	IV. EXPENDITURES (S	ections N - S)			
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)	,	ТҮРЕ	OF REPORT	
Mckinney For Governor				ement accompan	ying application for
	N. Expenses Paid By Comm	ittee	,		
Name of Payee Nolan Davis			Date of Payment 04/22/2014		rment neck# <u>1094</u> ebit Card
Street Address 86 Griffin Rd		City Broad Brook		State CT	Zip Code 06016
Purpose of Expend TRVL	Description				Amount
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event #		\$348.21
Name of Payee Greens Farms Spirits Shop			Date of Payment 04/22/2014		rment neck# <u>1096</u> ebit Card
Street Address 1250 Post Rd E		City Westport		State CT	Zip Code 06880
Purpose of Expend FNDR *	Description beverages for fundraiser				Amount
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event# 03172014A		\$84.36
Name of Payee Tusk Productions			Date of Payment 05/05/2014		rment neck# <u>1098</u> ebit Card
Street Address 38 Lakewood Dr		City Denville		State NJ	Zip Code 07834
Purpose of Expend CNSLT	Description				Amount
Is this expenditure coordinated with a which reimbursement is sought?		diture # licable)	Event #		\$5,000.00

	IV EWDENDITUDES	(C N . C	`			
NAME OF COMMITTEE (Prov	IV. EXPENDITURES ride Complete Name as Registered with Commission	<u> </u>	) 	TVDE	OF REPORT	
	lde Complete Name as Registered with Commission	)		TILE	OF REFORT	
Mckinney For Governor				temized State Public Grant -		ying application for
	N. Expenses Paid By Con	ımittee				
Name of Payee Tusk Productions			Date of Paym 05/05/20			rment neck# <u>441</u> ebit Card
Street Address 38 Lakewood Dr		City Denville			State NJ	Zip Code 07834
Purpose of Expend	Description					Amount
RCW						
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	No (if	spenditure # applicable)	Event#			\$501.35
Name of Payee Nolan Davis			Date of Paym 05/05/20			rment neck# <u>1099</u> ebit Card
Street Address 86 Griffin Rd		City Broad Brook			State CT	Zip Code 06016
Purpose of Expend CNSLT	Description					Amount
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	No (if	xpenditure # Capplicable)	Event#			\$900.00
Name of Payee Nolan Davis			Date of Paym 05/05/20			rment neck# <u>1100</u> ebit Card
Street Address 86 Griffin Dr		City Broad Brook			State CT	Zip Code 06016
Purpose of Expend TRVL	Description					Amount
Is this expenditure coordinated with a which reimbursement is sought?	I	xpenditure # ^applicable)	Event #			\$563.32

	IV. EXPENDITURES	<u> </u>	) 			
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission	)		TYPE	OF REPORT	
Mckinney For Governor				emized State		ying application for
	N. Expenses Paid By Con	ımittee	•			
Name of Payee VoterTrove			Date of Payme 05/05/201			rment neck # <u>1100</u> ebit Card
Street Address 921 Cavalry Ridge Trl		City Austin			State TX	Zip Code 78732
Purpose of Expend CNSLT	Description					Amount
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	No (ii	xpenditure # f applicable)	Event #			\$650.00
Name of Payee Benjamin Proto			Date of Payme 05/20/201			rment neck# <u>1104</u> ebit Card
Street Address 2090 Cutspring Rd		City Stratford			State CT	Zip Code 06614
Purpose of Expend RCW	Description					Amount
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	No (ii	xpenditure # rapplicable)	Event#			\$645.51
Name of Payee Nolan Davis			Date of Payme 05/20/201			rment neck# <u>1102</u> ebit Card
Street Address 86 Griffin Rd		City Broad Brook			State CT	Zip Code 06016
Purpose of Expend CNSLT	Description					Amount
Is this expenditure coordinated with a which reimbursement is sought?		xpenditure # f applicable)	Event #			\$900.00

	IV. EXPENDITURES (Se	ections N - S)				
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		TYP	E OF REPORT	OF REPORT	
Mckinney For Governor				tement accompar - Amendment	nying application for	
	N. Expenses Paid By Commi	ttee				
Name of Payee Nolan Davis			Date of Payment 05/20/2014		yment heck # 1103 ebit Card	
Street Address 86 Griffin Rd		City Broad Brook		State CT	Zip Code 06016	
Purpose of Expend TRVL	Description				Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event #		\$126.55	
Name of Payee Benjamin S. Proto			Date of Payment 05/20/2014		yment heck# <u>1104</u> ebit Card	
Street Address 2090 Cutspring Rd		City Stratford		State CT	Zin Code 06614	
Purpose of Expend CNSLT	Description				Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event #		\$7,500.00	
Name of Payee Ad-Merica			Date of Payment 05/20/2014		yment heck# <u>1105</u> ebit Card	
Street Address 34 Soundview Ave		City Shelton		State CT	Zip Code 06484	
Purpose of Expend A-OTH	Description  Various campaign paraphenalia				Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	No (if app	liture # licable)	Event #		\$9,135.41	

	IV. EXPENDITURES (S	ections N - S)				
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		TYPE	E OF REPORT	OF REPORT	
Mckinney For Governor				tement accompany - Amendment	ying application for	
	N. Expenses Paid By Comm	ittee	•			
Name of Payee FinePrint			Date of Payment 05/20/2014		ment eck # <u>1106</u> bit Card	
Street Address 711 N Mountain Rd		City Newington		State CT	Zip Code 06111	
Purpose of Expend A-NEWS	Description				Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	No (if ap.	nditure # plicable)	Event #		\$151.79	
Name of Payee Erica Pocock			Date of Payment 05/20/2014		ment eck# <u>1107</u> bit Card	
Street Address 1252 East St		City Southington		State CT	Zip Code 06489	
Purpose of Expend RCW	Description				Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	No (if ap.	nditure # plicable)	Event #		\$100.00	
Name of Payee Country House Restaurant			Date of Payment 05/23/2014		ment eck # <u>1109</u> bit Card	
Street Address 990 Foxon Rd		City East Haven		State CT	Zip Code 06513	
Purpose of Expend FNDR *	Description cost of restaurant				Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	No (if ap.	nditure # plicable)	Event #		\$2,700.00	

	IV. EXPENDITURES (S	Sections N - S)		
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		TYI	PE OF REPORT
Mckinney For Governor				tatement accompanying application for nt - Amendment
	N. Expenses Paid By Comm	nittee		
Name of Payee Nolan Davis			Date of Payment 06/01/2014	Method of Payment  X Check # 1110  Debit Card
Street Address 86 Griffin Rd		City Broad Brook		State Zip Code CT 06016
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	No (if a)	enditure # uplicable)	Event #	\$900.00
Name of Payee Nolan Davis			Date of Payment 06/01/2014	Method of Payment  X Check # 1111  Debit Card
Street Address 86 Griffin Rd		City Broad Brook		State Zip Code CT 06016
Purpose of Expend TRVL	Description travel			Amount
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	No (if a)	enditure # oplicable)	Event#	\$403.71
Name of Payee Tusk Productions			Date of Payment 06/05/2014	Method of Payment  X Check # 1112  Debit Card
Street Address 38 Lakewood Dr		City Denville		State Zip Code NJ 07834
Purpose of Expend RCW	Description			Amount
Is this expenditure coordinated with a which reimbursement is sought?		enditure # oplicable)	Event #	\$796.00

	IV. EXPENDITURES (	Sections N - S)			
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission)		ТҮРЕ	OF REPORT	
Mckinney For Governor			Itemized State Public Grant -	ement accompanying application for Amendment	
	N. Expenses Paid By Com	mittee	•		
Name of Payee Jack Johnston			Date of Payment 06/05/2014	Method of Payment  X Check # 1115  Debit Card	
Street Address 375 Center Rd		City Easton		State Zip Code CT 06612	
Purpose of Expend REF	Description			Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	No (if a	enditure # pplicable)	Event #	\$100.00	
Name of Payee Tusk Productions			Date of Payment 06/05/2014	Method of Payment  X Check # 1112  Debit Card	
Street Address 86 Griffin Rd		City Denville		State Zip Code NJ 07834	
Purpose of Expend CNSLT	Description			Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	□ No (if a	enditure # pplicable)	Event#	\$5,000.00	
Name of Payee Scott Centrella			Date of Payment 06/05/2014	Method of Payment  X Check # 1114  Debit Card	
Street Address 40 Stonewall Rd		City Easton		State Zip Code CT 06612	
Purpose of Expend REF	Description			Amount	
Is this expenditure coordinated with a which reimbursement is sought?		enditure # pplicable)	Event #	\$100.00	

	IV. EXPENDITURES (S	Sections N - S)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE C					OF REPORT	
Mckinney For Governor			Itemized State		ying application for	
	N. Expenses Paid By Comn	nittee				
Name of Payee Tony Carriera			Date of Payment 06/05/2014	_	ment eck # <u>1115</u> bit Card	
Street Address 26 Barberry Rd		City Southport		State CT	Zip Code 06890	
Purpose of Expend REF	Description				Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	No (if ap	enditure # pplicable)	Event#		\$100.00	
Name of Payee Carole Heller			Date of Payment 06/10/2014		ment eck# <u>1123</u> bit Card	
Street Address 141 Twin Lakes Rd		City Fairfield		State CT	Zip Code 06824	
Purpose of Expend REF	Description				Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	No (if ap	enditure # oplicable)	Event#		\$50.00	
Name of Payee Gregory Fox			Date of Payment 06/10/2014		ment eck # <u>1125</u> bit Card	
Street Address 50 Southport Pl		City Southport		State CT	Zip Code 06890	
Purpose of Expend REF	Description				Amount	
Is this expenditure coordinated with a which reimbursement is sought?		enditure # oplicable)	Event #		\$150.00	

	IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission	on)		TYPE OF REPORT				
Mckinney For Governor				ed Statement accompanying application for Grant - Amendment				
	N. Expenses Paid By Co	mmittee						
Name of Payee Michelle Tivey			Date of Payment 06/10/2014	Method of Payment  X Check # 1128  Debit Card				
Street Address 41 Briar Oak Dr		City Weston		State Zip Code CT 06883				
Purpose of Expend REF	Description			Amount				
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	\$100.00							
Name of Payee Hillary Bussey	Method of Payment  X Check # 1131  Debit Card							
Street Address 5 Miller Rd		City Darien		State Zip Code CT 06820				
Purpose of Expend REF	Description			Amount				
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	□ No	Expenditure # (if applicable)	Event#	\$100.00				
Name of Payee Elizabeth Gutman			Date of Payment 06/10/2014	Method of Payment  X Check # 1130  Debit Card				
Street Address 3845 Park Ave Unit 1		City Fairfield		State Zip Code CT 06825				
Purpose of Expend REF	Description			Amount				
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	□ No	Expenditure # (if applicable)	Event#	\$100.00				

	IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		Т	TYPE OF REPORT				
Mckinney For Governor				d Statement accompanying application for Grant - Amendment				
	N. Expenses Paid By Com	mittee	·					
Name of Payee Kurt Ahlberg			Date of Payment 06/10/2014	Method of Payment  X Check # 1132  Debit Card				
Street Address 85 Coach House Rd			State Zip Code CT 06614					
Purpose of Expend REF								
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	\$100.00							
Name of Payee Ralph Broder	Method of Payment  X Check # 1135  Debit Card							
Street Address 30 Stonehill Dr		City Killingworth		State Zip Code CT 06419				
Purpose of Expend REF	Description			Amount				
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	No (if	penditure # applicable)	Event #	\$200.00				
Name of Payee John Capozzi			Date of Payment 06/10/2014	Method of Payment  X Check # 1129  Debit Card				
Street Address 172 Stillson Rd		City Fairfield		State Zip Code CT 06824				
Purpose of Expend REF	Description			Amount				
Is this expenditure coordinated with a which reimbursement is sought?	I	penditure # applicable)	Event #	\$100.00				

	IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission)		TYP	E OF REPORT				
Mckinney For Governor				tement accompanying application for - Amendment				
	N. Expenses Paid By Comm	nittee						
Name of Payee Charles Mosher			Date of Payment 06/10/2014	Method of Payment  X Check # 1133  Debit Card				
Street Address 122 Palmer Rd		City Stamford		State Zip Code CT 06902				
Purpose of Expend REF								
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	\$100.00							
Name of Payee Thomas Laskey	Method of Payment  X Check # 1134  Debit Card							
Street Address 866 Route 197		City Woodstock		State Zip Code CT 06821				
Purpose of Expend REF	Description			Amount				
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	No (if a	enditure # opticable)	Event #	\$100.00				
Name of Payee James Becker			Date of Payment 06/10/2014	Method of Payment  X Check # 1119  Debit Card				
Street Address 553 Lake Ave		City Greenwich		State Zip Code CT 06830				
Purpose of Expend REF	Description			Amount				
Is this expenditure coordinated with a which reimbursement is sought?		enditure # oplicable)	Event #	\$100.00				

	IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission)			TYPE OF	OF REPORT			
Mckinney For Governor				ized Stateme		ying application for		
	N. Expenses Paid By Com	mittee	•					
Name of Payee Briane Keane			Date of Payment 06/10/2014		Method of Payment  X Check # 1118  Debit Card			
Street Address 53 White Deer Rock				State CT	Zip Code 06762			
Purpose of Expend REF								
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co		\$100.00						
Name of Payee Date of Payment O6/10/2014						Method of Payment  X Check # 1117  Debit Card		
Street Address 26 Melissa Dr		City North Haven			State CT	Zip Code 06473		
Purpose of Expend REF	Description					Amount		
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	No (if	penditure # applicable)	Event#		\$100.00			
Name of Payee Joyce Hergenhan			Date of Payment 06/10/2014		$\overline{}$	ment eck # <u>1122</u> bit Card		
Street Address 715 Sasco Hill Rd		City Fairfield			State CT	Zip Code 06824		
Purpose of Expend REF	Description					Amount		
Is this expenditure coordinated with a which reimbursement is sought?		penditure # applicable)	Event #			\$50.00		

	IV. EXPENDITURES (	Sections N - S)					
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission)			TYPE	OF REPORT	OF REPORT	
Mckinney For Governor				mized State		ying application for	
	N. Expenses Paid By Comr	nittee	·				
Name of Payee Robin Musicant			Date of Paymer 06/10/2014		Method of Payment  X Check # 1116  Debit Card		
Street Address 11 Olcott Way		City Ridgefield				Zip Code 06877	
Purpose of Expend REF	Description					Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	\$100.00						
Name of Payee Peter Burnim Date of Payment 06/10/2014					Method of Payment  X Check # 1121  Debit Card		
Street Address 698 Old Post Rd		City Fairfield			State CT	Zip Code 06824	
Purpose of Expend REF	Description				Amount		
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	No (if a	enditure # oplicable)	Event #		\$200.00		
Name of Payee Ferdinand Russo			Date of Payme 06/10/2014			ment neck# <u>1127</u> ebit Card	
Street Address 231 Silver Sands Rd		City East Haven			State CT	Zip Code 06512	
Purpose of Expend REF	Description					Amount	
Is this expenditure coordinated with a which reimbursement is sought?		enditure # oplicable)	Event #			\$100.00	

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Prov	OF REPORT						
Mckinney For Governor			Itemized State Public Grant -	ement accompanying application for Amendment			
	N. Expenses Paid By Comm	nittee					
Name of Payee Marissa Ringel			Date of Payment 06/10/2014	Method of Payment  X Check # 1124  Debit Card			
Street Address 214 Hulls Hwy			State Zip Code CT 06890				
Purpose of Expend REF							
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	\$50.00						
Name of Payee Steven Rowland	Date of Payment 06/10/2014	Method of Payment  X Check # 1120  Debit Card					
Street Address 185 Maple Rd		City Easton		State Zip Code CT 06612			
Purpose of Expend REF	Description			Amount			
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	No (if a)	enditure # pplicable)	Event #	\$100.00			
Name of Payee Judy Tibbetts			Date of Payment 06/10/2014	Method of Payment  X Check # 1126  Debit Card			
Street Address 9 Tory Hole Rd		City Darien		State Zip Code CT 06820			
Purpose of Expend REF	Description			Amount			
Is this expenditure coordinated with a which reimbursement is sought?		enditure # oplicable)	Event #	\$100.00			

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission	<u> </u>		TYPE	OF REPOR	 T		
· · · · · · · · · · · · · · · · · · ·	in complete raine as regional with commission,	,			ement accompanying application for			
Mckinney For Governor	N. Expenses Paid By Com	umittaa		Public Grant -		апушу аррисацоп ю		
	N. Expenses I am by Con							
Name of Payee Voter Trove Inc			Date of Payr 06/16/20			Payment Check # 1137 Debit Card		
Street Address 921 Cavalry Ride Trl		City Austin			State TX	Zip Code 78732		
Purpose of Expend CNSLT								
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	i	\$650.00						
Name of Payee Date of Pay Moore Information 06/16/2					Method of Payment  X Check # 1136  Debit Card			
Street Address 2130 SW Jefferson Ste 200	Ste 200 City Portland				State OR	Zip Code 97201		
Purpose of Expend	Description					Amount		
POLLS								
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	No (if	spenditure # (applicable)	Event #	i	\$32,800.00			
Name of Payee Anedot			Date of Payr 06/23/20			Payment Check # Debit Card		
Street Address Third Street, Suite B		City Baton Rouge			State LA	Zip Code 70801		
Purpose of Expend BNK	Description fee associated with collecting credit cards					Amount		
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	No (if	spenditure # (applicable)	Event #	i		\$520.73		
				Total of	f Section N	\$81,980.09		

Total of Section P

	IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTE	E (Provide Complete Name as F	egistered with (	Commission)				TYPE	E OF REPORT		
								Itemized Statement accompanying application for Public Grant - Amendment		
	О. Ехр	enses Paid By	Candidate							
Name of Payee (Name of vendor	who candidate paid directly)				Date of	Payme	ent	Is Reimbursement Yes		
Street Address		City		Sta	te 2	Cip Cod	le		Amount	
Purpose of Expenditure (by code)	Description	•		•	Event #					
	L						Total o	of Section O		
	IV. EXI	PENDITURE	ES (Sections N -	S)						
NAME OF COMMITTE	E (Provide Complete Name as l	Registered with	Commission)				ТҮРЕ (	OF REPORT		
Mckinney For Govern	or				Itemized Statement accompanying application for Public Grant - Amendment					
	P. Expense	es Incurred or	n Committee Cred	lit Card						
Name of Issuing Institution				Type of Cred Visa	ľ	Aaster (	Card Di	scover	American Express	
Name of Vendor								Date of Tra	nnsaction	
Street Address				City				State	Zip Code	
Purpose of Expenditure (by code)	Description								Amount	
which reimbursement is sou			Yes No	Expenditure # (if applicable)		Event	#			
If yes, assign an Expenditure	e # and complete Itemization in Add	endum								

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF					F REPORT	
Mckinney For Govern	nor				Itemized Statemen for Public Grant - A		ng application
	Q. Expenses Incurred By Committee but No	ot Paid E	Ouring this Period				
Name of Creditor Nolan Davis						Date Incurre	
Street Address	ess City			State	Zip Code		
86 Griffin Rd		Broad B	Broad Brook			СТ	06016
Purpose of Expenditure (by code)  Description						Amount Incurred (Estimate or Actual)	
CNSLT							
Is this expenditure coordinated reimbursement is sought?	with another candidate for which Yes		Expenditure # (if applicable)	Event #			
If yes, assign an Expenditure #	and completes Itemization in Addendum Q						\$900.00
Name of Creditor Nolan Davis						Date Incurre	
Street Address		City				State	Zip Code
86 Griffin Rd		Broad B	Brook			CT	06016
Purpose of Expenditure (by code)	Description						unt Incurred ate or Actual)
Is this expenditure coordinated reimbursement is sought?	with another candidate for which  Yes  No		Expenditure # (if applicable)	Event #			
If yes, assign an Expenditure #	and completes Itemization in Addendum Q						\$418.78

	IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF					F REPORT	REPORT	
Mckinney For Govern	nor				Itemized Statement for Public Grant - A		ng application	
	Q. Expenses Incurred By Committee but No	t Paid	During this Period					
Name of Creditor Catch Digital Strategy		-				Date Incurre		
Street Address PO Box 7833		City Capis	trano Beach			State	Zip Code 92624	
Purpose of Expenditure (by code)	Description						unt Incurred ate or Actual)	
CNSLT								
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes Expenditure # (if applicable)  No								
If yes, assign an Expenditure #	and completes Itemization in Addendum Q						\$1,975.00	
Name of Creditor Mike Rothenberg						Date Incurred 06/23/2014		
Street Address 154 Cold Spring Rd Unit	t 16	City	ford			State CT	Zip Code 06905	
Purpose of Expenditure (by code)	Description	·					unt Incurred ate or Actual)	
CNSLT								
Is this expenditure coordinated reimbursement is sought?	with another candidate for which  Yes  No		Expenditure # (if applicable)	Event #				
If yes, assign an Expenditure #	and completes Itemization in Addendum Q						\$140.00	

	IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	EE (Provide Complete Name as Registered with Commission	n)		TYPE O	E OF REPORT			
Mckinney For Govern	nor			Itemized Statement for Public Grant - A		ng application		
	Q. Expenses Incurred By Committee but Not Paid During this Period							
Name of Creditor Red Maverick Media					Date Incurre			
Street Address 403 N Second St Fl 2		City Harrisburg			State PA	Zip Code		
Purpose of Expenditure (by code)	Description					unt Incurred ate or Actual)		
A-DM								
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes Expenditure # (if applicable)  No								
If yes, assign an Expenditure #	and completes Itemization in Addendum Q					\$18,628.26		
Name of Creditor CohenReznick					Date Incurred 06/24/2014			
Street Address 76 Batterson Park Rd		City			State	Zip Code		
76 Batterson Park Ru		Farmington			СТ	06032		
Purpose of Expenditure (by code)	Description					unt Incurred ate or Actual)		
CNSLT								
Is this expenditure coordinated reimbursement is sought?	with another candidate for which  Yes  No	Expenditure # (if applicable)	Event #					
If yes, assign an Expenditure #	and completes Itemization in Addendum Q					\$900.00		
			Tota	l of Section Q		\$22,962.04		

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (Provide C	Complete N	Tame as Registered with Comr	nission)			TYPE OF RE	PORT	PORT	
Mckinney For Governor						Itemized Statement acco Public Grant - Amendme		olication for	
R. 1	temizatio	on of Reimbursements to (	Committee Wo	orkers and	Consul	tants			
Last Name of Worker/Consultant		First		MI	Date	e of Payment	_	of Payment heck # 1087	
Tusk		Productions		LLC	04,	01/2014		Debit Card	
Secondary Payee Denville USPS					•				
Street Address			City				State	Zip Code	
Denville MPO Denville					NJ	07834			
Purpose of Expenditure (by code) POST	Description	on						Amount	
Is this expenditure coordinated with another cand which reimbursement is sought?  If yes, assign an Expenditure # and completes		Yes  X No  Addendum R	Expend (if appl			Event#		\$245.00	
Last Name of Worker/Consultant		First		MI	Date	e of Payment	Method o	of Payment	
Tusk		Productions		LLC		01/2014	X C	heck # 1087  Debit Card	
Secondary Payee Staples				•	!				
Street Address			City				State	Zip Code	
20 Lafayette Ave			Morristown				NJ	07960	
Purpose of Expenditure (by code) PRNT	Description	on						Amount	
Is this expenditure coordinated with another cand which reimbursement is sought?		Yes  X No	Expend (if appl			Event#		\$55.73	

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORTED						PORT			
Mckinney For Governor	Mckinney For Governor Itemized Statement accompublic Grant - Amendmen								
R. Itemization of Reimbursements to Committee Workers and Consultants									
Last Name of Worker/Consultant		First MI Date of Payment				f Payment			
Tusk		Productions	LLC	05/	05/2014	X Check # 1097  Debit Card			
Secondary Payee USPS									
Street Address			City				State	Zip Code	
Lake Hiawatha MPO			Lake Hiawatha				NJ	07034	
Purpose of Expenditure Description (by code) POST						Amount			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  X No  If yes, assign an Expenditure # and completes Itemization in Addendum R			Expenditure # (if applicable)  Event #  02252014A				\$441.00		
Last Name of Worker/Consultant		First		MI	Date of Payment		Method of Payment		
Tusk		Productions		LLC	05/	05/2014	X Check # 1097  Debit Card		
Secondary Payee Amazon.Com					•				
Street Address			City				State	Zip Code	
1200 12th Ave S			Seattle				VT	98144	
Purpose of Expenditure (by code) OFFICE	Description	on						Amount	
Is this expenditure coordinated with another candid which reimbursement is sought?	late for	Yes X No	Expenditure # (if applicable)  Event #			Event #			
If yes, assign an Expenditure # and completes Ite	emization in							\$60.35	

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPO						PORT		
Mckinney For Governor Itemized Statement accompublic Grant - Amendmen								
R. Itemization of Reimbursements to Committee Workers and Consultants								
Last Name of Worker/Consultant		First MI Date of Payment			e of Payment	Method of Payment  X Check # 1107		
Pocock		Erica			05/	/20/2014	Debit Card	
Secondary Payee		•		•	•		•	
Connecticut Republican Party							_	
Street Address			City				State	Zip Code
31 Pratt St			Hartford				СТ	06103
Purpose of Expenditure Description (by code) stuffing fee for convention							Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No			Expenditure # (if applicable)  Event #			\$100.00		
If yes, assign an Expenditure # and completes Itemization in Addendum R								
							Method o	of Payment
Last Name of Worker/Consultant		First	MI E		Date	e of Payment	X Check # 1104	
Proto		Benjamin			05/	/20/2014	Check " 1104	
Secondary Payee				<u> </u>			<u> </u>	Debit Card
Mohegan Sun								
Street Address			City			State	Zip Code	
1 Mohegan Sun Blvd			Uncasville			СТ	06382	
Purpose of Expenditure (by code) TRVL	Descripti	on						Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  X No			Expenditure # (if applicable)  Event #			\$645.51		
If yes, assign an Expenditure # and completes	Itemization in	Addendum R	1				I	40.0.01

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REP						PORT			
1 MICKIIIIEV FOI GOVEIIOI					Itemized Statement accompanying application for Public Grant - Amendment				
R. Itemization of Reimbursements to Committee Workers and Consultants									
Last Name of Worker/Consultant  Proto	First Benjamin	MI	MI Date of Payment 05/20/2014		Method of Payment  X Check # 1104				
						Debit Card			
Secondary Payee Mohegan Sun									
Street Address		City	City			State	Zip Code		
1 Mohegan Sun Blvd	Uncasville				СТ	06382			
Purpose of Expenditure Description Amount (by code) FOOD							Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and completes Itemization	Expenditure # (if applicable)  Event #				\$157.61				
Last Name of Worker/Consultant	ast Name of Worker/Consultant First			Date	of Payment	Method of Payment			
Tusk	Productions				5/05/2014 X Check # 11				
Secondary Payee Staples									
Street Address	City			State	Zip Code				
760 Route 46 W		Parsippany				NJ	07054		
Purpose of Expenditure Descri (by code) OFFICE	otion	_					Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and completes Itemization	Expenditure # (if applicable)  Event #				\$31.00				

\$2,501.20

Total of Section R

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REP						PORT		
Mckinney For Governor	Mckinney For Governor  Itemized Statement accompublic Grant - Amendment							
R. Itemization of Reimbursements to Committee Workers and Consultants								
Last Name of Worker/Consultant First				MI	Dat	e of Payment	Method o	f Payment
Tusk		Productions LLC			06	/05/2014	X Check # 1112  Debit Card	
Secondary Payee USPS								
Street Address			City				State	Zip Code
Mountain Lakes MPO			Mountain Lakes			NJ	07046	
Purpose of Expenditure (by code) POST  Description					Amount			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  X No			Expenditure #  (if applicable)  Event #			\$294.00		
If yes, assign an Expenditure # and completes	itemization in	Addendum K						
Last Name of Worker/Consultant		First		MI	Dat	e of Payment	Method of Payment	
Tusk		Productions	Productions LLC 06/05/2014			/05/2014	X Check # 1114  Debit Card	
Secondary Payee Paperless Post								
Street Address			City			State	Zip Code	
120 Fifth Ave			New York			NY	10011	
Purpose of Expenditure (by code) FNDR *	code) Online invitations					Amount		
Is this expenditure coordinated with another cand which reimbursement is sought?	idate for	Yes X No	Expenditure # (if applicable)  Event #					
If yes, assign an Expenditure # and completes Itemization in Addendum R							\$471.00	

IV. EXPENDITURES (Sectuibs N - S)								
NAME OF COMMITTEE (Provide Complete Name as Registere		TYPE OF REPORT						
Mckinney For Governor		Itemized Statement accompanying application for Public Grant - Amendment						
S. Surplus Distribution of Equipment and Furniture								
Name of Recipient								
Street Address	City	State	Zip Code	Original Purchase Amount of Item				
Description of Item								
			Total of Section S					