



Electronic Filing

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**COVER PAGE**

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
Elect Scott Hughes			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First Melanie	MI A	Last Jackson		Suffix	
4. TREASURER ADDRESS					
Street Address 39 Mencil Cir	City Bridgeport	State CT	Zip Code 06610		
5. ELECTION DATE 11/04/2014	6. OFFICE SOUGHT (Complete only if Candidate Committee) State Senator			7. DISTRICT NUMBER (if applicable) S023	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Scott	MI A	Last Hughes		Suffix	
9. TYPE OF REPORT					
Itemized Statement accompanying application for Public Grant - Original					
10. PERIOD COVERED					
Beginning Date		Ending Date			
07/01/2014		thru		07/15/2014	
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.					
Electronic Filing SIGNATURE	Melanie Jackson PRINT NAME OF THE SIGNER	07/16/2014 12:20:46AM DATE CERTIFIED			
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.					

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE	TYPE OF REPORT	
<b>Elect Scott Hughes</b>	Itemized Statement accompanying application for Public Grant - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$9,510.29</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$6,384.00</b>	<b>\$15,973.00</b>
15. Receipts from Other Committees (Sections C1 and C2)	<b>\$0.00</b>	<b>\$0.00</b>
16. Other Monetary Receipts (Section D through I)	<b>\$0.00</b>	<b>\$0.00</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14 through 17)	<b>\$6,384.00</b>	<b>\$15,973.00</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$15,894.29</b>	<b>\$15,973.00</b>
20. Expenses Paid by Committee (Section N)	<b>\$2,867.11</b>	<b>\$2,945.82</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	<b>\$13,027.18</b>	<b>\$13,027.18</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$186.13</b>
23. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
24. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
25. Receipts of Organization Expenditures (Section M) OPTIONAL	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$0.00</b>	<b>\$144.52</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$414.47</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$1,103.23</b>	

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

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

Last Name Walsh		First Arlene		MI E	Contribution ID # 0270
Residential Street Address 35 Querida Ave		City Bridgeport		State CT	Zip Code 06604
Principal Occupation			Name of Employer unemployed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06052014F</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/01/2014	
Amount of Contribution \$50.00					

Last Name Smith		First Sharaya		MI M	Contribution ID # 0271
Residential Street Address 140 Dover St		City Bridgeport		State CT	Zip Code 06610
Principal Occupation Office ask			Name of Employer Groundwork Bridgeport INC.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06052014F</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/01/2014	
Amount of Contribution \$20.00					

Last Name Eaton		First Jasmine		MI S	Contribution ID # 0272
Residential Street Address 33B Nob Hill Cir		City Bridgeport		State CT	Zip Code 06610
Principal Occupation Educator			Name of Employer Achievement First Bridgeport Academy		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06052014F</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/01/2014	
Amount of Contribution \$10.00					

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Mintz	First Melba	MI D	Contribution ID # 0273
Residential Street Address 86 Ridgebrook Dr	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Esthetician	Name of Employer EWC European Wax center		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06052014F</u>		Date Received 07/01/2014	Aggregate Contributions \$25.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Mintz	First George	MI CT	Contribution ID # 0274
Residential Street Address 86 Ridgebrook Dr .	City Bridgeport	State CT	Zip Code 06606
Principal Occupation	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06052014F</u>		Date Received 07/01/2014	Aggregate Contributions \$25.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Butler	First Joanne	MI T	Contribution ID # 0275
Residential Street Address 315 Burritt Ave	City Stratford	State CT	Zip Code 06615
Principal Occupation Social Worker	Name of Employer Greater Bridgeport Community Health Center		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06052014F</u>		Date Received 07/01/2014	Aggregate Contributions \$25.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Wilson	First Carey	MI J	Contribution ID # 0276
Residential Street Address 449 Burritt Ave	City Stratford	State CT	Zip Code 06615
Principal Occupation Food Services Group	Name of Employer AXA		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06052014F</u>		Date Received 07/01/2014	Aggregate Contributions \$25.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Nelson		First Doris		MI	Contribution ID # 0277
Residential Street Address 24A Stoneridge Rd .		City Bridgeport		State CT	Zip Code 06606
Principal Occupation			Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06052014F</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/01/2014	
				Aggregate Contributions \$10.00	\$10.00
Last Name Kelly		First Michael		MI A	Contribution ID # 0278
Residential Street Address 382 Hawthorne Ave		City Derby		State CT	Zip Code 06418
Principal Occupation Elementary Teacher			Name of Employer Bridgeport board of education		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06052014F</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/01/2014	
				Aggregate Contributions \$40.00	\$40.00
Last Name Gomes		First Edwin		MI A	Contribution ID # 0279
Residential Street Address 243 Soundview Ave		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Retired			Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06052014F</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/01/2014	
				Aggregate Contributions \$100.00	\$100.00
Last Name Hayes		First Cynthia		MI	Contribution ID # 0280
Residential Street Address 842 Reservoir Ave		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Court Officer			Name of Employer State of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06052014F</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/01/2014	
				Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Marte	First Digna	MI A	Contribution ID # 0281
Residential Street Address 915 South Ave	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Teacher for public school	Name of Employer New Haven Board of Ed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06052014F</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/01/2014	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Diaz	First Hector	MI	Contribution ID # 0282
Residential Street Address 34 Arthur St	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Salesman	Name of Employer Mimi Dragone		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06052014F</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/01/2014	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Alford	First Aisha	MI	Contribution ID # 0283
Residential Street Address 1042 Broad St # 409	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Teacher	Name of Employer Achievement First		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06052014F</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/01/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Williams	First Marie	MI	Contribution ID # 0284
Residential Street Address 80 Carlson Ave	City Bridgeport	State CT	Zip Code 06606
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06052014F</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/01/2014	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Moore	First Gerald	MI R	Contribution ID # 0285
Residential Street Address 87 Cupheag Cres	City Stratford	State CT	Zip Code 06614
Principal Occupation Artist	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06052014F</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/01/2014	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Jopp	First Robin	MI G	Contribution ID # 0286
Residential Street Address 87 Cupheag Cres	City Stratford	State CT	Zip Code 06614
Principal Occupation Artist/Educator	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06052014F</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/01/2014	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name McKeithen	First Karen	MI	Contribution ID # 0287
Residential Street Address 29 Ameridge Dr	City Bridgeport	State CT	Zip Code 06606
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06052014F</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/01/2014	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Espinosa	First Jose	MI	Contribution ID # 0288
Residential Street Address 96 Livingston Pl	City Bridgeport	State CT	Zip Code 06610
Principal Occupation	Name of Employer Disabled / Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06052014F</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/01/2014	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Leach	First Faith	MI E	Contribution ID # 0289
Residential Street Address 890 Seaview Ave	City Bridgeport	State CT	Zip Code
Principal Occupation Customer Service	Name of Employer R.C. Bigelow		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06052014F</u>		Date Received 07/01/2014	Aggregate Contributions \$10.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$10.00	

Last Name Joseph	First Paul	MI L	Contribution ID # 0290
Residential Street Address 47 Harborview Pl	City Stratford	State CT	Zip Code 06615
Principal Occupation Realtor	Name of Employer Property World		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06052014F</u>		Date Received 07/01/2014	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Francis	First Norma	MI CT	Contribution ID # 0365
Residential Street Address 106 Charles St	City Bridgeport	State CT	Zip Code 06606
Principal Occupation	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Date Received 07/01/2014	Aggregate Contributions \$50.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Williams	First Canute	MI A	Contribution ID # 0366
Residential Street Address 405 Kenyon St	City Stratford	State CT	Zip Code 06614
Principal Occupation Crew Trainer	Name of Employer McDonalds		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Date Received 07/01/2014	Aggregate Contributions \$50.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Basset</b>	First <b>Pearce</b>	MI	Contribution ID # <b>0367</b>
Residential Street Address <b>257 Ferndale Ave</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation <b>Sr. Network Analyst</b>	Name of Employer <b>Peoples Bank</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>07/01/2014</b>	Aggregate Contributions <b>\$50.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Thebaud</b>	First <b>Shirley</b>	MI	Contribution ID # <b>0368</b>
Residential Street Address <b>21 Idlewood Rd</b>	City <b>White Plains</b>	State <b>NY</b>	Zip Code <b>10605</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>DC37</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>07/01/2014</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Thebaud</b>	First <b>Yolaine</b>	MI	Contribution ID # <b>0369</b>
Residential Street Address <b>21 Idlewood Rd</b>	City <b>White Plains</b>	State <b>NY</b>	Zip Code <b>10605</b>
Principal Occupation <b>Nurse</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>07/01/2014</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Allen -Sams</b>	First <b>Otis</b>	MI	Contribution ID # <b>0371</b>
Residential Street Address <b>21 Idlewood Rd</b>	City <b>White Plains</b>	State <b>NY</b>	Zip Code <b>10605</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>Cohen Hochman \$ Allen</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>07/01/2014</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Anderson	First April	MI	Contribution ID # 0370
Residential Street Address 810 Hopewell St	City High Point	State NC	Zip Code 27263
Principal Occupation HR Generalist	Name of Employer High Point University		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/01/2014	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Olivers	First Chanda	MI	Contribution ID # 0372
Residential Street Address 205 Bellevue Plantation Rd .	City Lafayette	State LA	Zip Code 70503
Principal Occupation Store Manager	Name of Employer Davids Bridal		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/01/2014	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Hughes	First Robert	MI	Contribution ID # 0373
Residential Street Address 46 Skyridge Ln	City Selkirk	State NY	Zip Code 12158
Principal Occupation Systems Engineer	Name of Employer Orion Systems Intergrators		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/01/2014	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Egan	First Dan	MI	Contribution ID # 0374
Residential Street Address 582 Morris St	City Albany	State NY	Zip Code 12208
Principal Occupation Manager	Name of Employer Aramark		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/02/2014	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Turner	First Marcellus	MI	Contribution ID # 0375
Residential Street Address 1221 First Ave	City Seattle	State WA	Zip Code 98101
Principal Occupation Librarian	Name of Employer The Seattle Public Library		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/02/2014	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Toms	First Linda	MI	Contribution ID # 0378
Residential Street Address 95 Belden Rd .	City Hamden	State CT	Zip Code 06514
Principal Occupation Nurse	Name of Employer AAA Nursing		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/02/2014	Aggregate Contributions \$90.00
			Amount of Contribution \$90.00

Last Name Augustine	First Jackie	MI	Contribution ID # 0379
Residential Street Address 263	City Geneva	State NY	Zip Code 14456
Principal Occupation Instructor	Name of Employer Keuka College		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/02/2014	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Jackson	First Alphonso	MI F	Contribution ID # 0291
Residential Street Address 360 Palisade Ave # B18	City Bridgeport	State CT	Zip Code 06610
Principal Occupation Driver	Name of Employer Park City Livery		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/02/2014	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Dupree	First Erica	MI	Contribution ID # 0292
Residential Street Address 558 Gregory St	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Clerk	Name of Employer Citgo Gas- Fairfield		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/02/2014	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Chandler	First Rondell	MI	Contribution ID # 0293
Residential Street Address 558 Gregory St	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Clerk	Name of Employer Park Ave Supermarket		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/02/2014	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Marshall	First Todd	MI B	Contribution ID # 0294
Residential Street Address 468 Midland St	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Manager	Name of Employer Colonial Fence Co.		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/02/2014	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Costello	First Griffith	MI T	Contribution ID # 0295
Residential Street Address 468 Midland St	City Bridgeport	State CT	Zip Code 06606
Principal Occupation PAINT	Name of Employer Colonial Fence Co.		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/02/2014	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Torres	First Enrique	MI	Contribution ID # 0376
Residential Street Address 108 Midland St	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Entrepreneur	Name of Employer Harborview Market		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/02/2014	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Watts	First John	MI	Contribution ID # 0377
Residential Street Address 17 Clemens Ave	City Trumbull	State CT	Zip Code 06611
Principal Occupation CPA	Name of Employer John Watts		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/02/2014	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Vazquez	First Jose	MI A	Contribution ID # 0443
Residential Street Address 24 Worth	City Bridgeport	State CT	Zip Code 06604
Principal Occupation	Name of Employer unemployed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/02/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Toms	First Ralph	MI	Contribution ID # 0297
Residential Street Address 110 Covenant Ct .	City Shelby	State NC	Zip Code 28152
Principal Occupation machine operator/lead	Name of Employer Trelleborg		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/03/2014	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Ortiz	First Pamela	MI	Contribution ID # 0302
Residential Street Address 36 Hawthorne Ave	City Derby	State CT	Zip Code 06418
Principal Occupation Contract Coordinator	Name of Employer Unilever		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/03/2014	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Eversley	First Donald	MI	Contribution ID # 0303
Residential Street Address 382 Central Park	City New York	State NY	Zip Code 10025
Principal Occupation Attorney	Name of Employer Eversley Law		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/03/2014	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Gregan	First Sarah	MI B	Contribution ID # 0298
Residential Street Address 285 Courtland Ave	City Bridgeport	State CT	Zip Code 06605
Principal Occupation R.N.	Name of Employer Greenwich Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/03/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Santos	First Joao	MI F	Contribution ID # 0299
Residential Street Address 2530 Madison Ave	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Fire fighter	Name of Employer Bridgeport Fire Department		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/03/2014	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Grindrod	First Steven	MI M	Contribution ID # 0296
Residential Street Address 859 E Broadway	City Stratford	State CT	Zip Code 06615
Principal Occupation Milford CT	Name of Employer Milford Fabricaing		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/03/2014	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Jones	First Theodore	MI	Contribution ID # 0301
Residential Street Address 165 Hollister Ave	City Bridgeport	State CT	Zip Code 06607
Principal Occupation Attorney	Name of Employer Theodore Jones		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/03/2014	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

Last Name Daley	First John	MI	Contribution ID # 0300
Residential Street Address 75 Old Battery Rd	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Contractor	Name of Employer Daley Construction		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/03/2014	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Sherman	First Chris	MI	Contribution ID # 0380
Residential Street Address 19 Holbrook Pl	City Ansonia	State CT	Zip Code 06401
Principal Occupation Accountant	Name of Employer GE Capital		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/03/2014	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Galan	First Jessica	MI	Contribution ID # 0382
Residential Street Address 129 Halley Ave	City Fairfield	State CT	Zip Code 06825
Principal Occupation Teacher	Name of Employer Westport Public Shools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/03/2014	Aggregate Contributions \$15.00
			Amount of Contribution \$15.00

Last Name Thompson-Bennett	First Donna	MI	Contribution ID # 0383
Residential Street Address 45 E Eaton St	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Consultant	Name of Employer Legacy Work LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/03/2014	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Lomax	First Edward	MI	Contribution ID # 0381
Residential Street Address 331 Funston Ave	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Architect	Name of Employer ETL Designs		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/03/2014	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Johnson	First Celeste	MI	Contribution ID # 0345
Residential Street Address 49 B Mencil Cir	City Bridgeport	State CT	Zip Code 06610
Principal Occupation LPN	Name of Employer Bridgeport Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/03/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Johnson	First Valerie	MI Y	Contribution ID # 0346
Residential Street Address 2400 North Ave	City Bridgeport	State CT	Zip Code 06610
Principal Occupation	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/03/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Royster	First Ivy	MI	Contribution ID # 0386
Residential Street Address 443 McKinley Ave	City Stratford	State CT	Zip Code 06615
Principal Occupation CEO	Name of Employer Ivy League Enterprises		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/04/2014	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Johnson	First Amber	MI	Contribution ID # 0347
Residential Street Address 49B Mencil Cir	City Bridgeport	State CT	Zip Code 06610
Principal Occupation	Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/04/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Jackson	First Richard	MI	Contribution ID # 0384
Residential Street Address 116 Ogden Ave	City Jersey City	State NJ	Zip Code 07307
Principal Occupation Vice President Credit Risk	Name of Employer City National Private & Wealth Management		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/04/2014	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Ward	First Louise	MI E	Contribution ID # 0387
Residential Street Address 73 Sixth St	City Bridgeport	State CT	Zip Code 06607
Principal Occupation Community Organizer	Name of Employer CCEJ		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/04/2014	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Hughes	First Tanya	MI CT	Contribution ID # 0389
Residential Street Address 1379 Reservoir Ave	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Executive Director	Name of Employer State of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/04/2014	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Jones	First Lucy	MI NY	Contribution ID # 0390
Residential Street Address 221 Pierce St	City Staten Island	State NY	Zip Code 10304
Principal Occupation Parole Officer	Name of Employer NYSDOCCS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/04/2014	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Hector	First Shannon	MI CT	Contribution ID # 0304
Residential Street Address 21 Gertrude Ln	City West Haven	State CT	Zip Code 06516
Principal Occupation Hairdresser	Name of Employer Isabella Salon		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/04/2014	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Hiller	First Margaret	MI	Contribution ID # 0385
Residential Street Address 50 Beacon St	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Administrator	Name of Employer Bridgeport Public Education Fund INC.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/04/2014	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Sorrentino	First Valerie	MI	Contribution ID # 0388
Residential Street Address 220 Lake Ave	City Trumbull	State CT	Zip Code 06611
Principal Occupation Retired	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/04/2014	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

Last Name Washington	First La Drina	MI D	Contribution ID # 0350
Residential Street Address 640 F Trumbull Ave	City Bridgeport	State CT	Zip Code 06606
Principal Occupation CNA	Name of Employer Thirty Thirty Watermark		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/05/2014	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Washington	First Beatrice	MI A	Contribution ID # 0351
Residential Street Address 45 Valley Ave	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Nurse CNA	Name of Employer Conn. Home care asst.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/05/2014	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Washington Jr.	First William	MI	Contribution ID # 0348
Residential Street Address 45 Valley Ave	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Landscaping	Name of Employer Stratton Landscaping		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/05/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Washington	First William	MI	Contribution ID # 0349
Residential Street Address 45 Valley Ave	City Bridgeport	State CT	Zip Code 06606
Principal Occupation	Name of Employer Stratton Landscaping		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/05/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Brantley	First Gwen	MI	Contribution ID # 0392
Residential Street Address 51 Yale St	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Health Benefits Specialist	Name of Employer KJB Associates		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/05/2014	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Jones	First Ronald	MI D	Contribution ID # 0308
Residential Street Address 23 Freeman St	City Bridgeport	State CT	Zip Code 06607
Principal Occupation teacher	Name of Employer Board of Education		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/05/2014	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Lipscomb	First Joan	MI A	Contribution ID # 0309
Residential Street Address 5 Hunting Rdg	City Ravena	State NY	Zip Code 12143
Principal Occupation Educator	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/05/2014	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Givans	First Claudette	MI A	Contribution ID # 0305
Residential Street Address 35 Bishop Ave Fl 2	City Bridgeport	State CT	Zip Code 06607
Principal Occupation Inbound Services Rep	Name of Employer Cablevision		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/05/2014	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Grempp	First Carter	MI W	Contribution ID # 0306
Residential Street Address 97 Catherine St Fl 2	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Real Estate	Name of Employer WC Grempp LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/05/2014	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Grempp	First Jamie	MI M	Contribution ID # 0307
Residential Street Address 97 Catherine St	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Swimming coach	Name of Employer New York A C		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/05/2014	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Hughes	First Lynnea	MI	Contribution ID # 0391
Residential Street Address 420 Bellevue Ave	City Oakland	State CA	Zip Code 94610
Principal Occupation Social Worker	Name of Employer SFUSD		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/05/2014	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Washington	First Quarasha	MI M	Contribution ID # 0444
Residential Street Address 45 Valley Ave	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Customer Service	Name of Employer Wheels		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/05/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Washington	First Timothy	MI D	Contribution ID # 0449
Residential Street Address 45 Valley Ave	City Bridgeport	State CT	Zip Code 06606
Principal Occupation	Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/05/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Washington	First Niema	MI M	Contribution ID # 0455
Residential Street Address 45 Valley Ave	City Bridgeport	State CT	Zip Code 06606
Principal Occupation hairstresser	Name of Employer Niema		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/05/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Paul	First Koren	MI	Contribution ID # 0457
Residential Street Address 215 Roosevelt Ave	City Stratford	State CT	Zip Code 06615
Principal Occupation Principal	Name of Employer Stratford Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/05/2014	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Bass	First Nicole	MI A	Contribution ID # 0445
Residential Street Address 381 Valley Ave	City Bridgeport	State CT	Zip Code 06606
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/05/2014	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Washington	First Petrina	MI L	Contribution ID # 0446
Residential Street Address 45 Valley Ave .	City Bridgeport	State CT	Zip Code 06606
Principal Occupation	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/05/2014	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name McGarrah	First Chimwae	MI	Contribution ID # 0447
Residential Street Address 361 Ridgefield	City Bridgeport	State CT	Zip Code 06610
Principal Occupation	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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/06/2014	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Williams	First Barbara	MI	Contribution ID # 0448
Residential Street Address 76 Judson Pl	City Bridgeport	State CT	Zip Code 06610
Principal Occupation	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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/06/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Pettway	First Micayla	MI	Contribution ID # 0456
Residential Street Address 76 Judson Pl	City Bridgeport	State CT	Zip Code 06610
Principal Occupation	Name of Employer Forever 21		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/06/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Lewis	First Margaret	MI	Contribution ID # 0353
Residential Street Address 246 Hanover St Apt 2	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Medical Assistant	Name of Employer Smilow Cancer Center		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/06/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Morris	First Alan	MI	Contribution ID # 0354
Residential Street Address 76 Judson Pl	City Bridgeport	State CT	Zip Code 06610
Principal Occupation	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/06/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Lee	First Lazarus	MI	Contribution ID # 0355
Residential Street Address 76 Judson Pl	City Bridgeport	State CT	Zip Code 06610
Principal Occupation Stocking	Name of Employer Sams Club		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/06/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Williams	First Shanta	MI	Contribution ID # 0356
Residential Street Address 76 Judson Pl .	City Bridgeport	State CT	Zip Code 06610
Principal Occupation Assit. Admin	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/06/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Acorn	First Elizabeth	MI	Contribution ID # 0394
Residential Street Address 401 Grovers Ave	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Author/Illustrator	Name of Employer Lizzy Rockwell Productions		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/06/2014	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Davis	First Donald	MI	Contribution ID # 0396
Residential Street Address 78 Hubbard Ave	City Stamford	State CT	Zip Code 06905
Principal Occupation Banking	Name of Employer Federal Reserve Bank of New York		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/06/2014	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Butler</b>	First <b>Stephanie</b>	MI <b>U</b>	Contribution ID # <b>0352</b>
Residential Street Address <b>7 Edwin St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06607</b>
Principal Occupation	Name of Employer <b>Unemployed</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>07/06/2014</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Van Dyke</b>	First <b>Kahina</b>	MI	Contribution ID # <b>0393</b>
Residential Street Address <b>1051 Van Antwerp Rd .</b>	City <b>Niskayuna</b>	State <b>NY</b>	Zip Code <b>12309</b>
Principal Occupation <b>Group Head</b>	Name of Employer <b>Mastercard</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>07/06/2014</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Buchanan</b>	First <b>Jamika</b>	MI	Contribution ID # <b>0397</b>
Residential Street Address <b>33 Perch Dr .</b>	City <b>Mahopac</b>	State <b>NY</b>	Zip Code <b>10541</b>
Principal Occupation <b>Librarian</b>	Name of Employer <b>MVSD</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>07/06/2014</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Garrett</b>	First <b>William</b>	MI	Contribution ID # <b>0395</b>
Residential Street Address <b>520 Savoy St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation <b>Consultant</b>	Name of Employer <b>Bill Garrett , Sole Proprietor</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>07/06/2014</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$10.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Martinez	First Carla	MI	Contribution ID # 0405
Residential Street Address 69 Edna Ave	City Bridgeport	State CT	Zip Code 06610
Principal Occupation Special Ed Para	Name of Employer BPT Bd of ED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Date Received 07/07/2014	Aggregate Contributions \$10.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$10.00	

Last Name Curry	First Carolanne	MI	Contribution ID # 0403
Residential Street Address 29 Hiawatha Ln	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Date Received 07/07/2014	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Horgan	First Sean	MI W	Contribution ID # 0311
Residential Street Address 368 Brewster St	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Driver	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Date Received 07/07/2014	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Andrew	First Berry	MI T	Contribution ID # 0310
Residential Street Address 97 Catherine St	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Restaraunt	Name of Employer Chuck Steak House		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Date Received 07/07/2014	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Suehisa	First Cathy	MI	Contribution ID # 0398
Residential Street Address 30 Curtis St .	City Reading	State ME	Zip Code 01867
Principal Occupation US Account Manager	Name of Employer BiblioLabs LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/07/2014	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Martinez	First Andrew	MI	Contribution ID # 0399
Residential Street Address 1725 Old Town Rd .	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Student	Name of Employer De Paul Univ		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/07/2014	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Townsend	First karen	MI	Contribution ID # 0400
Residential Street Address 95 Vineyard Rd .	City Hamden	State CT	Zip Code 06517
Principal Occupation Librarian	Name of Employer State of Ct		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/07/2014	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Chavez-Brumell	First Luis	MI	Contribution ID # 0401
Residential Street Address 281 Ocean Ave	City West Haven	State CT	Zip Code 06516
Principal Occupation Library Associate	Name of Employer West Haven Public Library		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/07/2014	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Jones	First Schamont	MI	Contribution ID # 0402
Residential Street Address 66A Stone Ridge Rd	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Sales Manager	Name of Employer Last Stop Enterprises		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/07/2014	Aggregate Contributions \$5.00
			\$5.00

Last Name Jones	First Gregory	MI	Contribution ID # 0404
Residential Street Address 8 Fullerton St	City Albany	State NY	Zip Code 12209
Principal Occupation Administrator	Name of Employer City School District of Albany		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/07/2014	Aggregate Contributions \$75.00
			\$75.00

Last Name Hyde	First Shauna-Kay	MI A	Contribution ID # 0438
Residential Street Address 86 Pequonnock Apt 20	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Owner Operator	Name of Employer Hyde and Seek Co.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/07/2014	Aggregate Contributions \$20.00
			\$20.00

Last Name Chappell	First Sherman	MI	Contribution ID # 0452
Residential Street Address 85 Livingston Pl	City Bridgeport	State CT	Zip Code 06610
Principal Occupation	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/08/2014	Aggregate Contributions \$5.00
			\$5.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Whitley	First Jean	MI	Contribution ID # 0450
Residential Street Address 139 Hallet St	City Bridgeport	State CT	Zip Code 06610
Principal Occupation	Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/08/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Lipscomb	First Joan	MI	Contribution ID # 0406
Residential Street Address 2B Colonial Woods Ln .	City Guilderland	State NY	Zip Code 12084
Principal Occupation Teacher	Name of Employer South Colonie CSD		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/08/2014	Aggregate Contributions \$55.00
			Amount of Contribution \$55.00

Last Name Pannoza	First Carole	MI	Contribution ID # 0408
Residential Street Address 167 Waverly Rd .	City Shelton	State CT	Zip Code 06484
Principal Occupation Human Resources	Name of Employer Shelton Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/08/2014	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Whitley	First Roland	MI	Contribution ID # 0360
Residential Street Address 260 Thompson St	City Stratford	State CT	Zip Code 06615
Principal Occupation	Name of Employer BPT. Dentist		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/08/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Chappell	First Jerry	MI	Contribution ID # 0357
Residential Street Address 85 Livingston Pl	City Bridgeport	State CT	Zip Code 06610
Principal Occupation Maintenance	Name of Employer Stamford Hotel		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/08/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Chappell	First Glorie	MI	Contribution ID # 0359
Residential Street Address 85 Livingston Pl	City Bridgeport	State CT	Zip Code 06610
Principal Occupation Housekeeping	Name of Employer Bridgeport Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/08/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Chappell	First Martisha	MI	Contribution ID # 0358
Residential Street Address 85 Livingston Pl .	City Bridgeport	State CT	Zip Code 06610
Principal Occupation	Name of Employer unemployed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/08/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Piquette	First Ed	MI L	Contribution ID # 0317
Residential Street Address 34 Hackley St	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Atty	Name of Employer Haskell & Piquette		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/08/2014	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Aranjo	First William	MI	Contribution ID # 0314
Residential Street Address 1450 Main St # 502	City Bridgeport	State CT	Zip Code 06604
Principal Occupation	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/08/2014	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Larcheveque	First Anne	MI	Contribution ID # 0315
Residential Street Address 500 Lake Ave	City Bridgeport	State CT	Zip Code 06605
Principal Occupation R.N.	Name of Employer Fairfield University		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/08/2014	Aggregate Contributions \$8.00
			Amount of Contribution \$8.00

Last Name Nylen	First Wendy	MI	Contribution ID # 0316
Residential Street Address 85 Clarkson St	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Retail Store Owner	Name of Employer Picture This		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/08/2014	Aggregate Contributions \$40.00
			Amount of Contribution \$40.00

Last Name Hechavarria	First Caridad	MI	Contribution ID # 0407
Residential Street Address 199 Pawson Rd	City Branford	State CT	Zip Code 06405
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/08/2014	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Bholanath</b>	First <b>Janet</b>	MI <b>A</b>	Contribution ID # <b>0312</b>
Residential Street Address <b>1016 Stratford Ave Apt 9</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06607</b>
Principal Occupation <b>Home Care</b>	Name of Employer <b>Companions and Homemakers</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>07/08/2014</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Bowens</b>	First <b>Jessica</b>	MI <b>CT</b>	Contribution ID # <b>0313</b>
Residential Street Address <b>333 Vincelette St # 80</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation <b>Hairdresser</b>	Name of Employer <b>Colton Joshua Salon</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>07/08/2014</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Arbelo</b>	First <b>Veronica</b>	MI <b>CT</b>	Contribution ID # <b>0318</b>
Residential Street Address <b>230 Fox St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Educator</b>	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>07/08/2014</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$10.00</b>	

Last Name <b>Ferrio</b>	First <b>David</b>	MI <b>L</b>	Contribution ID # <b>0319</b>
Residential Street Address <b>468 Midland St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Landsaper</b>	Name of Employer <b>Stratton Landscaping</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>07/08/2014</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$10.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Edmonds	First Jettiree	MI	Contribution ID # 0320
Residential Street Address 32A Karen Ct	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Accounting	Name of Employer Manpower		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Verras	First George	MI	Contribution ID # 0321
Residential Street Address 73 More House St	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Cook	Name of Employer Athena Diner		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Verras	First Gus	MI	Contribution ID # 0322
Residential Street Address 73 More House St	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Maintenance	Name of Employer Shop Rite		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Glaze	First Robert	MI F	Contribution ID # 0324
Residential Street Address 68 Granfield Ave	City Bridgeport	State CT	Zip Code 06610
Principal Occupation Marketing	Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Hudson	First Lerebours	MI	Contribution ID # 0325
Residential Street Address 3106 Park Ave	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Lead cook	Name of Employer Trumbull Marriott		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Date Received 07/09/2014	Aggregate Contributions \$20.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$20.00	

Last Name Fajardo	First Felipe	MI D	Contribution ID # 0326
Residential Street Address 272 Fairfield Ave	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Waiter	Name of Employer A'Vuchela		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Date Received 07/09/2014	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Tuzo	First Wendy	MI M	Contribution ID # 0327
Residential Street Address 681 Jewett Ave	City Bridgeport	State CT	Zip Code 06606
Principal Occupation unemployed	Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Date Received 07/09/2014	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Gardner	First Andy	MI E	Contribution ID # 0328
Residential Street Address 681 Jewett	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Customer Service	Name of Employer Cablevision		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Date Received 07/09/2014	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Hughes	First Greg	MI	Contribution ID # 0329
Residential Street Address 120 Morgan Ave	City Bridgeport	State CT	Zip Code 06606
Principal Occupation House manager	Name of Employer Isiah 611 House		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Gallenti	First Jennifer	MI	Contribution ID # 0323
Residential Street Address 323 Fairfield Ave	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Server	Name of Employer A Vucchella		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Hurst	First Alan	MI	Contribution ID # 0413
Residential Street Address 1 Spice Hill Dr	City East Hampton	State CT	Zip Code 06424
Principal Occupation CFO	Name of Employer Hermell Products INC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$36.00
		Amount of Contribution \$36.00	

Last Name Allen	First Jessica	MI	Contribution ID # 0410
Residential Street Address 49 Sidney St	City Bridgeport	State CT	Zip Code 06606
Principal Occupation New Business Coordinator	Name of Employer Charter Oak Financial		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Sutton	First Allison	MI	Contribution ID # 0409
Residential Street Address 6633 Elysian Fields Ave	City New Orleans La	State LA	Zip Code 70122
Principal Occupation Asst. to the President CEO	Name of Employer NOLABusiness Alliance		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Racine	First Jessica	MI	Contribution ID # 0411
Residential Street Address 105 Milford Point Rd .	City Milford	State CT	Zip Code 06460
Principal Occupation Teacher	Name of Employer Bridgeport Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Sweeny	First Regina	MI	Contribution ID # 0412
Residential Street Address 106 Sport Hill Rd	City Bridgeport	State CT	Zip Code 06612
Principal Occupation Attorney	Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Chodos	First Laura	MI	Contribution ID # 0414
Residential Street Address 768 N Broadway	City Saratoga Springsrings	State NY	Zip Code 12866
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$75.00
			Amount of Contribution \$75.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Rivera	First Mary Kathleen	MI	Contribution ID # 0415
Residential Street Address 129 Alsace St	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Special Education Advocate	Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Wojahn	First Patrick	MI	Contribution ID # 0416
Residential Street Address 5015 Lackawanna St	City College Park	State MD	Zip Code 20740
Principal Occupation Lobbyist	Name of Employer Rails to Trails Conservatory		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Caro	First Carol	MI	Contribution ID # 0417
Residential Street Address 1264 Beaco St	City Brookline	State MA	Zip Code 02446
Principal Occupation Librarian	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Kovac	First Marcella	MI	Contribution ID # 0418
Residential Street Address 264 Broad St	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Designer	Name of Employer The Bananaland		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/10/2014	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Burns- Howard	First Roberta	MI	Contribution ID # 0420
Residential Street Address 184 Harborview Ave	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/10/2014	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name McAllister	First Eugenia	MI	Contribution ID # 0421
Residential Street Address 2819 Bellevue	City Augusta	State GA	Zip Code 30909
Principal Occupation Librarian	Name of Employer State of Georgia		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/10/2014	Aggregate Contributions \$15.00
			Amount of Contribution \$15.00

Last Name Squillace	First Liz	MI	Contribution ID # 0422
Residential Street Address 1042 Broad St # 210	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Artist	Name of Employer Paradox Ink		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/10/2014	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

Last Name Marinelli	First Catherine	MI	Contribution ID # 0423
Residential Street Address 2761 Valentina St	City Denver	State CO	Zip Code 80238
Principal Occupation Principal	Name of Employer Civic Results		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/10/2014	Aggregate Contributions \$35.00
			Amount of Contribution \$35.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Lopez	First Erica	MI	Contribution ID # 0424
Residential Street Address 345 Burnsford Ave	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Social Worker	Name of Employer FSW		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/10/2014	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Brodie	First Kirk	MI L	Contribution ID # 0451
Residential Street Address 839 Platt St	City Bridgeport	State CT	Zip Code 06606
Principal Occupation	Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/10/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Stevenson Brodie	First Kirshaiah	MI D	Contribution ID # 0453
Residential Street Address 839 Platt St	City Bridgeport	State CT	Zip Code 06606
Principal Occupation	Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/10/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Stevenson	First Kimberly	MI R	Contribution ID # 0454
Residential Street Address 839 Platt St	City Bridgeport	State CT	Zip Code 06606
Principal Occupation	Name of Employer N/A Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/10/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Cassidy	First Edith	MI	Contribution ID # 0419
Residential Street Address 245 Ellsworth St	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Instructor	Name of Employer Yoga on the Move		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/10/2014	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Furie	First Noel	MI	Contribution ID # 0334
Residential Street Address 295 Linwood Ave	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Owner/chef	Name of Employer Bloodroot		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 07/10/2014	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Testani	First Michael	MI J	Contribution ID # 0333
Residential Street Address 376 Anton Dr	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Administrator	Name of Employer Bpt. Bd of Education		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 07/10/2014	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Petrocelli	First Yolanda	MI	Contribution ID # 0336
Residential Street Address Artspace 1042 Broad St # 26	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Artist	Name of Employer Yomestiza		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 07/10/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Marte	First Digna	MI A	Contribution ID # 0337
Residential Street Address 915 S Avenuw	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Teacher	Name of Employer New Haven Board of Ed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/10/2014	Aggregate Contributions \$75.00
			Amount of Contribution \$75.00

Last Name Masluk	First Alex	MI CT	Contribution ID # 0338
Residential Street Address 3079 Main St	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Tuxedo Rental	Name of Employer Alexanders Tuxedo		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/10/2014	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

Last Name Connery	First Kevin	MI P	Contribution ID # 0331
Residential Street Address 702 Brewster St	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Salesman	Name of Employer Elite Marketing		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/10/2014	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Ingram	First Ayisha	MI CT	Contribution ID # 0330
Residential Street Address 174 B Yarmich Dr .	City Bridgeport	State CT	Zip Code 06606
Principal Occupation	Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/10/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name White	First Rowena	MI L	Contribution ID # 0332
Residential Street Address 2675 Park Ave # 7	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Sales Manager	Name of Employer Connoisseur Media		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/10/2014	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Sullivan	First Robert	MI	Contribution ID # 0335
Residential Street Address 64 Fox St	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Journalist	Name of Employer Bridgeport Banner		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/10/2014	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

Last Name Reyes	First Zoraida	MI	Contribution ID # 0339
Residential Street Address 1219 E Main St	City Bridgeport	State CT	Zip Code 06608
Principal Occupation Manager	Name of Employer Check Cashing & More		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/11/2014	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Reyes	First Angel	MI	Contribution ID # 0340
Residential Street Address 1219 E Main St	City Bridgeport	State CT	Zip Code 06608
Principal Occupation Self employed	Name of Employer TP & CS LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/11/2014	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Reyes	First Jovanny	MI	Contribution ID # 0341
Residential Street Address 1219 E Main St	City Bridgeport	State CT	Zip Code 06608
Principal Occupation Porter & Chester Institute	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/11/2014	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

Last Name Phane	First Dennis	MI	Contribution ID # 0343
Residential Street Address 76 Yale St	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Security	Name of Employer Aron Security llc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/11/2014	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

Last Name Daniels	First Kalisha	MI A	Contribution ID # 0362
Residential Street Address 58 Linwood Ave	City Fairfield	State CT	Zip Code 06824
Principal Occupation Nanny	Name of Employer Christopher Mahan		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/11/2014	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Cabrera	First Amy	MI M	Contribution ID # 0342
Residential Street Address 385 Mary Ave	City Stratford	State CT	Zip Code 06614
Principal Occupation Market CEO	Name of Employer Lions Lair Entertainment		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/11/2014	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Jeffries	First Henrietta	MI	Contribution ID # 0439
Residential Street Address 794 Norman St	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Library Assistant	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/11/2014	Aggregate Contributions \$30.00
			Amount of Contribution \$30.00

Last Name Eaddy	First Nykia	MI	Contribution ID # 0425
Residential Street Address 794 Norman St	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Jr. Librarian	Name of Employer Bridgeport Public Library		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/11/2014	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Medina	First Maximino	MI	Contribution ID # 0426
Residential Street Address 140 Hickory St	City Bridgeport	State CT	Zip Code 06610
Principal Occupation Attorney	Name of Employer Zedels, Needle & Cooper P.C.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/11/2014	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Beene	First Vickie	MI	Contribution ID # 0427
Residential Street Address 1225 Fairburn Rd SW	City Atlanta	State GA	Zip Code 30331
Principal Occupation Librarian	Name of Employer Strayer University		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/11/2014	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Nachem	First Matthew	MI	Contribution ID # 0428
Residential Street Address 1075 1st Ave # 6F	City New York	State NY	Zip Code 10022
Principal Occupation Pricing Manger	Name of Employer The New York Times		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/11/2014	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Anderson	First Eldorado	MI	Contribution ID # 0429
Residential Street Address 1400 Stratford Ave	City Bridgeport	State CT	Zip Code 06607
Principal Occupation Educator	Name of Employer Domas Academy		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/11/2014	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Braziel	First Mark	MI	Contribution ID # 0430
Residential Street Address 295 Meadowbrook Rd	City Stratford	State CT	Zip Code 06614
Principal Occupation Maintenance	Name of Employer City of Bridgeport Housing Authority		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/11/2014	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Young	First Leisha	MI	Contribution ID # 0431
Residential Street Address 622 Arrowhead Dr .	City Orange	State CT	Zip Code 06477
Principal Occupation Owner	Name of Employer Leisha's Bakeria		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/11/2014	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Streeter</b>	First <b>Olga</b>	MI	Contribution ID # <b>0433</b>
Residential Street Address <b>22 Temple St</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06615</b>
Principal Occupation <b>Nurse</b>	Name of Employer <b>Carolton Chronic and Convalescent Hospital</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>07/11/2014</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Basset</b>	First <b>Pearce</b>	MI <b>K</b>	Contribution ID # <b>0432</b>
Residential Street Address <b>257 Ferndale Ave</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation <b>IT Professional</b>	Name of Employer <b>People United Bank</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>07/11/2014</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Hilliard</b>	First <b>Cynthia</b>	MI <b>H</b>	Contribution ID # <b>0440</b>
Residential Street Address <b>161 Ellsworth St Apt 8</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Library Assistant</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>07/11/2014</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$10.00</b>	

Last Name <b>Perez</b>	First <b>Gloria</b>	MI	Contribution ID # <b>0434</b>
Residential Street Address <b>332 Berwick Ave</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation	Name of Employer <b>Unemployed</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>07/12/2014</b>	Aggregate Contributions <b>\$75.00</b>
		Amount of Contribution <b>\$75.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Freeman	First Deborah	MI	Contribution ID # 0435
Residential Street Address 106 Hancock Crossbrook	City New Milford	State CT	Zip Code 06776
Principal Occupation Owner	Name of Employer Deba-do LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/12/2014	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Speer	First Pat	MI	Contribution ID # 0437
Residential Street Address 105 Pierce Ave	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Consultant	Name of Employer Pat Speer -Sole Proprietor		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/12/2014	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Robinson	First Alicia	MI	Contribution ID # 0436
Residential Street Address 87 Trowel St	City Bridgeport	State CT	Zip Code 06607
Principal Occupation Teacher	Name of Employer Bridgeport board of education		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/12/2014	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Anderson	First Lisa	MI	Contribution ID # 0363
Residential Street Address 105 B Karen Ct	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Computer Operator	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/12/2014	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Rogers	First Antionette	MI L	Contribution ID # 0364
Residential Street Address 197 Smith St Fl 3	City Bridgeport	State CT	Zip Code 06607
Principal Occupation Residential Counselor	Name of Employer Whole Life Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/13/2014	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Hopkins	First Marvin	MI CT	Contribution ID # 0361
Residential Street Address 90 Kent Ave	City Bridgeport	State CT	Zip Code 06610
Principal Occupation Installer	Name of Employer Dish Network		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/13/2014	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Crawford	First Donna	MI L	Contribution ID # 0344
Residential Street Address 360 Palisade Ave Apt B3	City Bridgeport	State CT	Zip Code 06610
Principal Occupation Certified Nurses Aid	Name of Employer St Joseph's Manor		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/13/2014	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Walker	First Naija	MI NJ	Contribution ID # 0458
Residential Street Address 430 Westwood Ave	City Westwood	State NJ	Zip Code 07675
Principal Occupation Teachers Aide	Name of Employer Westwood Regional School District		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/14/2014	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Moore	First Ondrea	MI M	Contribution ID # 0441
Residential Street Address 223 Lenox Ave	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Library Page	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/14/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Preston	First Trina	MI	Contribution ID # 0442
Residential Street Address 46 Crowther Ave	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Library Assistant	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/14/2014	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Bibb	First Scott	MI	Contribution ID # 0462
Residential Street Address 14508 Swordale	City Bristow	State VA	Zip Code 20136
Principal Occupation Trademark Examining Attorney	Name of Employer USPTO		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/15/2014	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Amado	First Cheri	MI	Contribution ID # 0461
Residential Street Address 402 Lyon Ter	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Egineer	Name of Employer Sikorsy Aircraft		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/15/2014	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Kingsley	First Osei	MI	Contribution ID # 0459
Residential Street Address 120 Huntington Tpke	City Bridgeport	State CT	Zip Code 06610
Principal Occupation Social	Name of Employer CT. Against Violence		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/15/2014	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

Last Name Pfeifer	First Devon	MI	Contribution ID # 0460
Residential Street Address 3 North Ave	City Weston	State CT	Zip Code 06883
Principal Occupation Exec Sec	Name of Employer The Kennedy Center		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/15/2014	Aggregate Contributions \$40.00
			Amount of Contribution \$40.00

<b>Total of Section B</b>			<b>\$6,384.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A + B) <i>(Total on Line 14 of Summary Page)</i>			<b>\$6,384.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**C1. Contributions from Other Committees**

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

<b>Total of Section C1</b>		
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**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE				TYPE OF REPORT	
Elect Scott Hughes				Itemized Statement accompanying application for Public Grant - Original	
<b>C2. Reimbursements, Payments, or Surplus Distributions from other Committees</b>					
Name of Committee			Name of Treasurer		
Address				Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services		
<b>Total of Section C2</b>					

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

NAME OF COMMITTEE				TYPE OF REPORT		
Elect Scott Hughes				Itemized Statement accompanying application for Public Grant - Original		
<b>D. Loans Received this Period</b>						
Name of Lender			Source of Loan:		Date of Receipt	
			Bank	Candidate	Individual	Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (if applicable)						
Street Address		City	State	Zip Code	<b>Amount Received</b>	
<b>Total of Section D</b>						

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

NAME OF COMMITTEE				TYPE OF REPORT	
Elect Scott Hughes				Itemized Statement accompanying application for Public Grant - Original	
<b>E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b>					
Date of Receipt	Method of Payment			Amount	
	Cash	Personal Check	Credit/Debit Card		
<b>Total of Section E</b>					

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

NAME OF COMMITTEE		TYPE OF REPORT	
Elect Scott Hughes		Itemized Statement accompanying application for Public Grant - Original	
<b>G. Interest from Deposits in Authorized Accounts</b>			
Name of Institution		Date Received	Amount
Street Address	City	State	Zip Code
<b>Total of Section G</b>			

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

NAME OF COMMITTEE		TYPE OF REPORT	
Elect Scott Hughes		Itemized Statement accompanying application for Public Grant - Original	
<b>H. Public Grant Funds Received from the Citizens' Election Fund</b>			
Purpose of Grant:	Grant Cycle:		Date Received
Initial                  Grant Adjustment Supplemental/Post Election Deficit	Primary                  General Election                  Special Election		Amount
<b>Total of Section H</b>			

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

NAME OF COMMITTEE		TYPE OF REPORT	
Elect Scott Hughes		Itemized Statement accompanying application for Public Grant - Original	
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>			
Name		Date of Transaction	Amount Received
Street Address	City	State	Zip Code
Description			
<b>Total of Section I</b>			

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

NAME OF COMMITTEE		TYPE OF REPORT	
Elect Scott Hughes		Itemized Statement accompanying application for Public Grant - Original	
<b>J1. Fundraising Event Information</b>			
Fundraising Event # Date of Fundraiser 07/01/2014	Letter F	Description Meet and Greet Event	
Location: Street Address 140 Fairfield Ave		City Bridgeport	State CT
Zip Code 06604			
Was this fundraising event hosted at a personal residence?		<input type="checkbox"/> Yes	if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.
		<input checked="" type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
		<input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)
		<input checked="" type="checkbox"/> No	\$0.00
<b>Total of Section J1</b>			<b>\$0.00</b>

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

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

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

NAME OF COMMITTEE	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**K. In-Kind Contributions**

Name			
Street Address		City	State   Zip Code
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#	Yes No	Description of In-Kind Contribution	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive   Legislative	Fair Market Value of this Contribution
Type of Contributor:	Date Received	Aggregate contributions	
Individual   Committee   Sole Proprietorship			

<b>Total of Section K</b>
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**III. Non Monetary Receipts (Sections K - M)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**L. Refundable Deposit to Telephone Company**

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

<b>Total of Section L</b>
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**III. NONMONETARY RECEIPTS (Sections K - M)**

NAME OF COMMITTEE	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

**M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee - OPTIONAL See Public Act 11-48**

Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)		Name of Treasurer		
Street Address		Date Notice Received	Fair Market Value of Donation	
City	State	Zip Code		
Description of Donation		Purpose of Expenditure A      B      C      D		

<b>Total of Section M</b>	
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### IV. EXPENDITURES (Sections N - S)

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

Name of Payee Tyisha Toms		Date of Payment 07/02/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>0095</u> <input type="checkbox"/> Debit Card	
Street Address 25 Barclay St		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend FOOD	Description Read Artspace food & Drink		Amount  \$55.34	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

Name of Payee Tyisha Toms		Date of Payment 07/02/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>0096</u> <input type="checkbox"/> Debit Card	
Street Address 25 Barclay St		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend FOOD	Description Food and beverage Tae's		Amount  \$49.54	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

Name of Payee Stratford Hotel		Date of Payment 07/02/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>092</u> <input type="checkbox"/> Debit Card	
Street Address 225 Lordship Blvd		City Stratford	State CT	Zip Code 06615
Purpose of Expend FOOD	Description Food and drink		Amount  \$100.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

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

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

Name of Payee Traci Burnell		Date of Payment 07/02/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>0093</u> <input type="checkbox"/> Debit Card	
Street Address 664 Sedgewick Ave		City Stratford	State CT	Zip Code 06615
Purpose of Expend PRNT	Description Campaign Packet Materials		Amount  \$96.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		
Name of Payee Universal Printing		Date of Payment 07/02/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>0097</u> <input type="checkbox"/> Debit Card	
Street Address 90 Tunxis Rd		City Fairfield	State CT	Zip Code 06824
Purpose of Expend A-SIGN	Description Banner		Amount  \$64.87	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		
Name of Payee Ton Rrapi/ Coldwell Banker		Date of Payment 07/02/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>0094</u> <input type="checkbox"/> Debit Card	
Street Address 2 Corporate Dr		City Trumbull	State CT	Zip Code 06611
Purpose of Expend OVHD	Description Campaign Headquarters July rent		Amount  \$1,788.36	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

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

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

Name of Payee Melanie Jackson		Date of Payment 07/02/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>0100</u> <input type="checkbox"/> Debit Card	
Street Address 39 Mencil Cir		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend FOOD	Description Food Tae's Lounge		Amount  \$23.35	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

Name of Payee Melanie Jackson		Date of Payment 07/02/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>0097</u> <input type="checkbox"/> Debit Card	
Street Address 39 Mencil Cir		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend FOOD	Description Two Roads Pizza \$ Beer event		Amount  \$79.66	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

Name of Payee Ambar Romero		Date of Payment 07/02/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>0099</u> <input type="checkbox"/> Debit Card	
Street Address 242 Harrall Ave Apt 2L		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend PRNT	Description Color printing		Amount  \$10.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

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

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

Name of Payee Democracy Engine LLC		Date of Payment 07/02/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 850 Quincy St NW # 402		City Washington	State DC	Zip Code 20011
Purpose of Expend WEB	Description Merchant processing fees		Amount  \$25.80	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

Name of Payee Democracy Engine LLC		Date of Payment 07/03/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 850 Quincy St		City Washington	State DC	Zip Code 20011
Purpose of Expend WEB	Description Merchant account processing fees		Amount  \$18.66	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

Name of Payee Democracy Engine LLC		Date of Payment 07/09/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 850 Quincy St		City Washington	State DC	Zip Code 20011
Purpose of Expend WEB	Description Merchant account processing fees		Amount  \$55.53	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Elect Scott Hughes				Itemized Statement accompanying application for Public Grant - Original	
<b>N. Expenses Paid By Committee</b>					
Name of Payee Jerry's Printing			Date of Payment 07/10/2014		Method of Payment <input checked="" type="checkbox"/> Check # <u>Cash</u> <input type="checkbox"/> Debit Card
Street Address 1183 Broad St		City Bridgeport		State CT	Zip Code 06604
Purpose of Expend PRNT	Description Payment for T- Shirts				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
					\$500.00
<b>Total of Section N</b>					<b>\$2,867.11</b>

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

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

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

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

Name of Creditor Miss Thelma's		Date Incurred 07/01/2014	
Street Address 140 Fairfield Ave		City Bridgeport	State CT
		Zip Code 06610	
Purpose of Expenditure (by code)  FOOD	Description  Food for event		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			07012014F
			\$75.00

Name of Creditor Melanie Jackson		Date Incurred 07/09/2014	
Street Address 39 Mencil Cir		City Bridgeport	State CT
		Zip Code 06610	
Purpose of Expenditure (by code)  WEB	Description  Nation builder Monthly fee		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			
			\$19.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

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

Name of Creditor Louise P Gregory		Date Incurred 07/14/2014	
Street Address 2313 E Main St	City Bridgeport	State CT	Zip Code 06610
Purpose of Expenditure (by code)  OVHD	Description  Payment for cleaning of headquarters including supplies	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$90.47

Name of Creditor Willie Parks		Date Incurred 07/14/2014	
Street Address 2313 E Main St	City Bridgeport	State CT	Zip Code 06610
Purpose of Expenditure (by code)  OVHD	Description  Payment for cleaning of headquarters	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$60.00



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Scott Hughes	Itemized Statement accompanying application for Public Grant - Original

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

Name of Creditor Maria Alteri		Date Incurred 07/15/2014	
Street Address 1836 Noble Ave		City Bridgeport	State CT
		Zip Code 06610	
Purpose of Expenditure (bv code)  PRNT	Description  Brochure Copies		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$50.00

Name of Creditor Maria Alteri		Date Incurred 07/15/2014	
Street Address 1836 Noble Ave		City Bridgeport	State CT
		Zip Code 06610	
Purpose of Expenditure (bv code)  Misc *	Description  Conference Room use		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$120.00

**Total of Section Q**

**\$414.47**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Elect Scott Hughes				Itemized Statement accompanying application for Public Grant - Original	
<b>R. Itemization of Reimbursements to Committee Workers and Consultants</b>					
Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	
				Check #	Debit Card
Secondary Payee					
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes	Expenditure # (if applicable)	Event #	
		No			
If yes, assign an Expenditure # and completes Itemization in Addendum R					
<b>Total of Section R</b>					

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

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

