Electronic Filing

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



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COVER	PAGE
COVEN	IAGE

COVERTAGE									
1.NAME OF COMMITTEE 2. TYPE OF COMMITTEE									
Elect Scott Hughes	x	x Candidate Committee							
		Exploratory Committee							
3. TREASURER NAME			1	1			-		
First			MI	Last			Suffix		
Melanie			А	Jackson					
4. TREASURER ADDRESS									
Street Address		City			State		Zip Code		
39 Mencel Cir		Bridg	eport		СТ		06610		
5. ELECTION DATE	6. OFFICE SOUGHT (C	omplete or	nly if Candidate	Committee)	•	7. DISTR	RICT NUMBER (if applicable		
11/04/2014	State Senator					S023			
8. CANDIDATE NAME (Complete only if (Candidate or Exploratory C	ommittee	e)						
First			MI	Last			Suffix		
Scott			A	Hughes					
9. TYPE OF REPORT									
Itemized Statement accompanying	g application for Pub	lic Grai	nt - Origina	I					
10. PERIOD COVERED									
	Beginning Date			Ending Date					
	07/01/2014	thru	L	07/15/2014					
11. CERTIFICATION									
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.									
	Malauti 7				16/2014 -	2.20.46	м		
Electronic Filing Melanie Jackson 07/16/2014 SIGNATURE PRINT NAME OF THE SIGNER DATE CERTIFIE							ייו		
SIGNATURE	FRINT INAME OF TH	L SIGNE	51	DA	E CENTIFIED	,			
PENA	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	TYPE OF REPORT					
Elect Scott Hughes	Itemized Statement accompanying applicatio	Itemized Statement accompanying application for Public Grant - Original					
	COLUMN A This Period	COLUMN B Aggregate					
12. Balance on hand from day Committee was formed		\$0.00					
13. Balance on hand at the beginning of Reporting Period	\$9,510.29						
14. Contributions received from Individuals (Section A and B)	\$6,384.00	\$15,973.00					
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00					
16. Other Monetary Receipts (Section D through I)	\$0.00	\$0.00					
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00					
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$6,384.00	\$15,973.00					
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$15,894.29	\$15,973.00					
20. Expenses Paid by Committee (Section N)	\$2,867.11	\$2,945.82					
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$13,027.18	\$13,027.18					
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$186.13					
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00					
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00					
25. Receipts of Organization Expenditures (Section M) OPTIONAL	\$0.00	\$0.00					
26. Beginning Loan Balance	\$0.00						
26a. + Loans Received (Section D)	\$0.00	\$0.00					
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00					
26c Payments on Loan(s)	\$0.00	\$0.00					
26d. Total Outstanding Loan Amount	\$0.00						
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$144.52					
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00					
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$414.47						
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$1,103.23						

Page 3 of 67						
L. MONETARY RECEIPT	'S (Se	ection A-D				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT			
Elect Scott Hughes			Itemized Statement accompany	iying applicat	ion for Public	
			Grant - Original For Nonpartic	inating Cand	idatas ONI V	
A. Total Contributions from Small Contributors-Received this Perio	od Ol	NLY	\$0.00	ipating Cano	idates ONL Y	
B. Itemized Contributions from	n Ind	ividuale	50.00			
	-	lividuals		1.0	Contribution ID #	
Last Name	First	Arlana		MI	Contribution ID #	
Walsh Residential Street Address	City	Arlene		E State	0270	
35 Querida Ave	City	Bridgeport		CT	Zip Code 06604	
Principal Occupation		Name of Employer	۴		00004	
		unemp				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	,	Amoi	int of Contribution	
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	. Vac			
If yes, indicate which branch or branches of Executive Legislative			x _{No}			
government the contract is with.	Date	Received	Aggregate Contributions			
Is this contribution associated with a fundraising event listed in Section J1? Yes						
No Cash Personal Check	07/0	01/2014	\$50.00		\$50.00	
If yes, list Event # 06052014F Money Order Credit/Debit Card		-				
Last Name	First			MI	Contribution ID #	
Smith		Sharaya		м	0271	
Residential Street Address	City			State	Zip Code	
140 Dover St		Bridgeport		СТ	06610	
Principal Occupation	-	Name of Employer	r			
Office ask		Ground	dwork Bridgeport INC.			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	. Vac	Amount of Contribution		
If yes, indicate which branch or branches of	5	dependent child of				
government the contract is with:			x _{No}			
Is this contribution associated with a fundamining struct listed in Section 112 Yes	Date	Received	Aggregate Contributions			
If yes, list Event # 06052014F No Cash Personal Check	07/0	01/2014	\$20.00		\$20.00	
Last Name	First	1 i		MI	Contribution ID #	
Eaton Residential Street Address	City	Jasmine		S State	0272 Zip Code	
33B Nob Hill Cir	City	Bridgeport		CT	06610	
Principal Occupation		Name of Employer	r		00010	
Educator			ement First Bridgeport Acac	lemv		
		Is contributor a lo		· ·	int of Contribution	
Yes X No	D	dependent child of	a lobbyist? Yes			
If yes, indicate which branch or branches of government the contract is with:			x _{No}			
Is this contribution associated with a fundamental field in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1		
If yes, list Event # 06052014F	07/0	01/2014	\$10.00		\$10.00	

					Page 4 of 67
L. MONETARY RECEIPT	'S (Se	ection A-D			
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	n Ind	lividuals	ordine original		
Last Name	First			MI	Contribution ID #
Mintz		Melba		D	0273
Residential Street Address	City			State	Zip Code
86 Ridgebrook Dr		Bridgeport		СТ	06606
Principal Occupation		Name of Employe	r		
Esthetician		EWC E	uropean Wax center		
Is contributor a principal of a state contractor or prospective state contractor?	D	Is contributor a lo dependent child of	Vac	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna of			
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1? Yes	Date	Received	Aggregate Contributions		
Cash Personal Check					
If yes, list Event # 06052014F No Money Order Credit/Debit Card	07/0	01/2014	\$25.00		\$25.00
		•			0
Last Name	First			MI	Contribution ID #
Mintz		George		~	0274
Residential Street Address	City			State	Zip Code
86 Ridgebrook Dr .	<u> </u>	Bridgeport		СТ	06606
Principal Occupation		Name of Employe			
		Retire		· .	
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child of	Vac	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			× No		
government the contract is with:	Data	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	07/0	01/2014	#2E 00		42E 00
If yes, list Event # 06052014F Money Order Credit/Debit Card	07/0	01/2014	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Butler	1 1150	Joanne		т	0275
Residential Street Address	City	Joanne		State	Zip Code
315 Burritt Ave		Stratford		СТ	06615
Principal Occupation	· · · · ·	Name of Employe	r		
Social Worker		Greate	er Bridgeport Community He	alth Center	r
		Is contributor a lo	bbyist, spouse, or		int of Contribution
Yes X No	D	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a function of the second sec	Date	Received	Aggregate Contributions		
	07/0	01/2014	\$25.00		\$25.00
If yes, list Event # 06052014F Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Wilson		Carey		J	0276
Residential Street Address	City			State	Zip Code
449 Burritt Ave		Stratford		СТ	06615
Principal Occupation		Name of Employe	r		
Food Services Group		AXA			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	Vac	Amou	int of Contribution
If yas indicate which branch or branches of	U	dependent child of	a lobbyist?		
government the contract is with:			× No		
Is this contribution associated with a Key Key Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # 06052014F No Cash Personal Check Money Order Credit/Debit Card	07/0	01/2014	\$25.00		\$25.00

					Page 5 of 67	
I. MONETARY RECEIPT	'S (Se	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT			
Elect Scott Hughes			Itemized Statement accompanying application for Public			
B. Itemized Contributions from	m Ind	lividuals	Grant - Original			
Last Name	First			MI	Contribution ID #	
Nelson		Doris			0277	
Residential Street Address	City			State	Zip Code	
24A Stoneridge Rd .		Bridgeport		ст	06606	
Principal Occupation		Name of Employe	r			
		Retired	d			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child of	Vac	Amou	int of Contribution	
If yes, indicate which branch or branches of Executive Legislative		*	X No			
government the contract is with:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?	Dute	Received	Aggregate Contributions			
No K Cash Personal Check	07/	01/2014	\$10.00		\$10.00	
If yes, list Event # 06052014F	0//	51/2011	<i>\</i> 10100		\$10.00	
Last Name	First			MI	Contribution ID #	
Kelly		Michael		А	0278	
Residential Street Address	City			State	Zip Code	
382 Hawthorne Ave		Derby		ст	06418	
Principal Occupation		Name of Employe	r			
Elementary Teacher		Bridge	port board of education			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	bbyist, spouse, or	Amou	int of Contribution	
If yog indigate which branch or branches of	0	dependent child of	·			
If yes, indicate which branch or branches of government the contract is with:			X No			
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions			
If yes, list Event # 06052014F No Cash Personal Check Money Order Credit/Debit Card	07/0	01/2014	\$40.00		\$40.00	
		I		 		
Last Name	First	E du dia		MI	Contribution ID #	
Gomes Residential Street Address	City	Edwin		A	0279	
243 Soundview Ave	City	Bridgeport		State CT	Zip Code 06606	
Principal Occupation		Name of Employe	r	CI	00000	
Retired		Retired				
		Is contributor a lo		Amor	int of Contribution	
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of				
If yes, indicate which branch or branches of government the contract is with:			x _{No}			
	Date	Received	Aggregate Contributions			
Is this contribution associated with a fundraising event listed in Section J1?						
If yes, list Event # 06052014F No Cash Personal Check Order Credit/Debit Card	07/0	01/2014	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Hayes	1 1130	Cynthia		NII .	0280	
Residential Street Address	City	Cynthia		State	Zip Code	
842 Reservoir Ave		Bridgeport		СТ	06606	
Principal Occupation	•	Name of Employe	r	•		
Court Officer		State of	of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo	Vac	Amou	int of Contribution	
dependent eind of a footyst?						
government the contract is with:			x _{No}			
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions			
If yes, list Event # 06052014F No Cash Creck Cash Creck Credit/Debit Card	07/0	01/2014	\$50.00		\$50.00	

				Page 6 of 67				
I. MONETARY RECEIPT	S (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	First		MI	Contribution ID #				
Marte	Digna		А	0281				
Residential Street Address	City		State	Zip Code				
915 South Ave	Bridgeport		СТ	06604				
Principal Occupation	Name of Empl	oyer	-	•				
Teacher for public school	Nev	v Haven Board of Ed						
Is contributor a principal of a state contractor or prospective state contractor?		a lobbyist, spouse, or dof a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative	1							
government the contract is with:			-					
Is this contribution associated with a fundraising event listed in Section J1? Yes	Date Received	Aggregate Contributions						
No X Cash Personal Check	07/01/2014	#25.00		40F 00				
If yes, list Event # 06052014F Money Order Credit/Debit Card	07/01/2014	\$25.00		\$25.00				
Leet News	First	•		Contribution ID #				
Last Name			MI					
Diaz	Hector		Charles	0282				
Residential Street Address	City		State	Zip Code				
34 Arthur St	Bridgeport Name of Empl		СТ	06605				
Principal Occupation Salesman		•						
		a lobbyist, spouse, or	Amo	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?		d of a lobbyist? Yes	711100	and of Contribution				
If yes, indicate which branch or branches of government the contract is with:		× No						
Is this contribution associated with a for the second seco	Date Received	Aggregate Contributions	1					
If yes, list Event # 06052014F No No Money Order Credit/Debit Card	07/01/2014	\$25.00		\$25.00				
Last Name	First		MI	Contribution ID #				
Alford	Aisha			0283				
Residential Street Address	City		State	Zip Code				
1042 Broad St # 409	Bridgeport		СТ	06604				
Principal Occupation	Name of Empl	oyer	<u>.</u>	!				
Teacher	Ach	ievement First						
Is contributor a principal of a state contractor or prospective state contractor?	Is contributor	a lobbyist, spouse, or Yes	Amou	unt of Contribution				
	⁰ dependent chil							
If yes, indicate which branch or branches of government the contract is with:		X No						
Is this contribution associated with a fundration are used by Yes Method of contribution:	Date Received	Aggregate Contributions	1					
If yes, list Event # 06052014F	07/01/2014	\$5.00		\$5.00				
Last Name	First		MI	Contribution ID #				
Williams	Marie			0284				
Residential Street Address	City		State	Zip Code				
80 Carlson Ave	Bridgeport		СТ	06606				
Principal Occupation	Name of Empl	oyer	•					
Is contributor a principal of a state contractor or prospective state contractor?		a lobbyist, spouse, or	Amo	unt of Contribution				
	J 1		1					
If yes, indicate which branch or branches of	dependent chil							
government the contract is with:	dependent chin	X No						
government the contract is with: Executive Legislative Is this contribution associated with a Image: Contribution associated with a Image: Contribution associated with a	Date Received		-					
government the contract is with:	dependent chin	X No		\$25.00				

					Page 7 of 67	
L. MONETARY RECEIPT	'S (Se	ection A-D				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	. (-	,	TYPE OF REPORT			
Elect Scott Hughes			Itemized Statement accompanying application for Public			
B. Itemized Contributions from	m Ind	lividuala	Grant - Original			
	1	lividuals				
Last Name	First			MI	Contribution ID #	
Moore		Gerald		R	0285	
Residential Street Address	City			State	Zip Code	
87 Cupheag Cres		Stratford		СТ	06614	
Principal Occupation Artist		Name of Employe	r			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo	Vac	Amou	int of Contribution	
If you indicate which branch or branches of		dependent child of				
government the contract is with:			x _{No}			
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions			
If yes, list Event # 06052014F No Cash Personal Check Money Order Credit/Debit Card	07/0	01/2014	\$10.00		\$10.00	
	L					
Last Name	First			MI	Contribution ID #	
Јорр		Robin		G	0286	
Residential Street Address	City			State	Zip Code	
87 Cupheag Cres		Stratford		СТ	06614	
Principal Occupation		Name of Employe	er			
Artist/Educator				1		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child of	Vac	Amou	int of Contribution	
If yes, indicate which branch or branches of		dependent ennu o	· .			
government the contract is with:						
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
Cash Personal Check						
If yes, list Event # 06052014F No Money Order Credit/Debit Card	07/0	01/2014	\$10.00		\$10.00	
					0	
Last Name	First	14		MI	Contribution ID #	
McKeithen	<i>C</i> ''	Karen		<u></u>	0287	
Residential Street Address	City	Duideeset		State	Zip Code	
29 Ameridge Dr	<u> </u>	Bridgeport		СТ	06606	
Principal Occupation		Name of Employe	r			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	shirvint anguage or	A.m.o.	int of Contribution	
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	- V	Alliot	int of Contribution	
If yes, indicate which branch or branches of Executive Legislative			x _{No}			
government the contract is with:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
No Cash Personal Check	07/0	01/2014	\$25.00		\$25.00	
If yes, list Event # 06052014F Money Order Credit/Debit Card	0//	01/2011	\$25,00		425.00	
Last Name	First			MI	Contribution ID #	
Espinosa	1 1150	Jose			0288	
Residential Street Address	City	5030		State	Zip Code	
96 Livingston Pl	City	Bridgeport		CT	06610	
Principal Occupation	·	Name of Employe	r	<u> </u>		
· · · · · · · · · · · · · · · · · · ·			ed / Unemployed			
Is contributor a principal of a state contractor or prospective state contractor?			bbyist, spouse, or	Amo	int of Contribution	
Yes X N	0	dependent child of	Vac			
If yes, indicate which branch or branches of Executive Legislative			x _{No}			
	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?			*			
No Cash Personal Check	07/0	01/2014	\$50.00		\$50.00	
If yes, list Event # 06052014F Money Order Credit/Debit Card	1 (

I. MODET TARK REPCEPTYS (Sociation A.S.) IVTP: OF REPORT INTP: OF REPORT Release Sociation Sequitational with Communition INTP: OF REPORT INTP: OF REPORT Release Sociation Sociation INTP: OF REPORT Intervised Contributions from Individuals Intervised Contributions from Individuals Intervised Contributions from Individuals INTERVISE (Intervised Contribution of Contributio						Page 8 of 67			
NAME OF COMMITTEE (provide Complete Name as Registered with Commission) TUTE OF REPORT Interact Complete Name as Registered with Commission) Flace Scort Hugles Interact Complete Name as Registered with Commission) Interact Complete Name as Registered with Commission Interact Complete Name as Registered with Commission Lat Name Each Far at the faith E E E Contributions Transmittered Name as Registered with Commission Interact Complete Name As Registered with Regis	L MONETARY RECEIPT	'S (Se	ection A-D						
International Substance 2000 part of a second p			,	TYPE OF REPORT					
B. Lembred Contributions from Individuals Lankburg Mit Constrained in F Endential Steen Addres Constrained in F Constrained in F Bit Constrained Steen Addres Crip Serie Zr Code Bit Constrained Steen Addres Crip Serie Zr Code Colorities Service R.C. Bigelow Serie Zr Code Colorities Service R.C. Bigelow Service Service Service Constrained in the Service R.C. Bigelow Service Service Service Service Service R.C. Bigelow Service Service Service Service Service Service Service Service Service Service Research Service Service Service Service Service Service Service Service Service Service Service Ser	Elect Scott Hughes								
Lach Fath E 028 Roskand Steve Abbre Cp Bridgeport Cr Source 2/2 Cole Dispective Ave Source Source Cr Bridgeport Cr Cr Dispective Ave Source Source Cr Bridgeport Cr Cr Source Cr Dispective Ave Di									
Testing Store Advances Croperty State Zip Crude Bits Store Advances Croperty Name of Engloyer Cr Cr Precised Occupation Name of Engloyer Name of Engloyer Name of Engloyer Direction of Service Improvement Control on the burden of the services of the services Name of Engloyer Name of Control to a labely or the services Name of Control	Last Name	First			MI	Contribution ID #			
B90 Searview Ave Prindperform CT Prindperform Name of Prindperform	Leach		Faith		Е	0289			
Proceed/Decaylob Name of Tensiver Customer Service R.C. Eigebox Is combined as the contractor or prospective size contractor? Ivan of Tensiver Vertice If yes, inclusive block trans to examine or in out. Presentive Inclusive block trans to examine or in out. If yes, inclusive block trans to examine or in out. Presentive Inclusive block trans to examine or in out. If the contribution section is to examine the section 17 No If the contribution section 17 No If the contribution section 17 No If the contribution section 17 No Index of the section 17 No If the contribution section 17 No Index of the section 18 N	Residential Street Address	City			State	Zip Code			
Customer Service B. C. Bigdow Is downlow a prompting if a situe contractor or proceeding state contractor or proceding state contract	890 Seaview Ave		Bridgeport		СТ				
b. earthbar a principal of a base contractor of prospective state contractor? Yee b. earthbar baseboxis, sponse, or yee Yee Amount of Canabasian If yee, indicate which brack to thanche of contractive of prospective state contractor? Executive Izeptidative The contractive of prospective state contractor? Amount of Canabasian If the contractive of prospective state contractor? No Izeptidative The contractor of prospective state contractor? Amount of Canabasian Amount of Canabasian I and Name Joséph First Mill Contractor of prospective state contractor? No Izeptidative The contractor of prospective state contractor? No Izeptidative Izeptidative Izeptidative No Izeptidative Izeptidative Izeptidative Izeptidative Izeptidative Izeptidative Izeptidative Izeptidative <td>Principal Occupation</td> <td></td> <td>Name of Employe</td> <td>r</td> <td>-</td> <td></td>	Principal Occupation		Name of Employe	r	-				
If yes, locked which branch or branches of encoded or is lobely size. Yes Aggregate Contributions Index encoded which a branch or of the control is associated with a function of the control is aspace of the control is associated with a funct	Customer Service		R.C. B	igelow					
II yes, indicate with threads to bunches of	Is contributor a principal of a state contractor or prospective state contractor?	0		Vac	Amou	unt of Contribution			
a the second matrix product material is a function of the second of the sec	If yes, indicate which branch or branches of		dependent ennu o						
fundaming event lated in Section 117 Yres	government the contract is with:								
If yes, list Uver # 06052014F Nomey Over P First Mt Construction ID * As Name Joseph First Mt Construction ID * 0230 A relation in Store Address City Stare I Angebraic City	X Vac	Date	Received	Aggregate Contributions					
IT yes, list Tevent # 060520142 Meany Order CreditDebt Card First Mil Communication D # Last Name Joseph First Paul U 0.290 Resident Street Address City Street Address City Street Address City Street Address City Of 6615 Procipit Oreprison Resident Name of Employee Property World Amount of Contribution Amount of Contribution Is contributers approaches of the contract or properties table contractor? Yes Is contributers abbysis, approac, or dependence abbysis, approac, or depe	Cash Personal Check	07/		±10.00		+10.00			
Joseph L 0.290 Residential Street Address City Street of Englayse City Street of Englayse City Street of Englayse City Cit		07/0	01/2014	\$10.00		\$10.00			
Joseph L 0.290 Residential Street Address City Street of Englayse City Street of Englayse City Street of Englayse City Cit									
Heidential Street Address City Stateford CT 06615 Principal Occupation Nome of Employer Property World 0615 Is contribute a principal of a state contractor or prospective state contractor? Is contribute a principal of a state contractor? Date Received Aggregate Contribution 1 showen block Non Contribute a principal of a state contractor? Is contribute and principal of a state contractor? No Date Received Aggregate Contribution 1 showen block No Contractor Principal Cocupation Norma Mit Contribution D # 1 scorentribute and in Section 31? No Is contribute and principal of a state contractor or prospective state contractor? Is contribute and principal of a state contractor or prospective state contractor? Is contribute and principal of a state contractor or prospective state contractor? Is contribute and principal of a state contractor or prospective state contractor? Is contribute and principal of a state contractor or prospective state contractor? Is contribute and principal of a state contractor or prospective state contractor? Is contribute and principal of a state contractor or prospective state contractor? Is contribute and principal of a state contr		FIISt	Devil						
47 Harborview PI CT 06615 Principal Occupation Nume of Employer Formal of Employer Formal of Employer Is contributer a principal of a state contractor or prospective state contractor? yes, indicate which here to transfers of employer yes, indicate which here to transfers of employer yes, indicate which here to transfers of employer yes Amount of Contribution If yes, indicate which here to transfers of employer registative Date Received Aggregate Contributions Date Received Aggregate Contributions If yes, indicate which here to transfers of employer Cash Personal Clock 07/01/2014 \$25.00 \$25.00 East Name Francis Norma Some of Employer Some Offeddeport Offeddepor	· · · · · · · · · · · · · · · · · · ·	City	Paul						
Principal Occupation Name of Employer Property World Is contribute a principal of a state contractor or prospective state contractor? Yes No Is contribute a strike, source, or is contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of isocorrelation is with isocorrelation is with isocorrelation is with isocorrelation isocorrelation isocorrelation isocorrelation in the contrast is with isocorrelation isocorrelation in the contrast isocorrelation isocorrelation in the contrast isocorrelation isocorrelation in the contrast isocorrelatison in the contrast isocorrelation in the contrast iso		City	Stratford			-			
Realtor Property World Is contributer a principal of a state contractor or prospective state contractor? Iverand to the present of the p		L			CI	00015			
Is contributor a principal of a state contractor or prospective state contractor?									
If yes, indicate which branch or branches of sourcement the contract is with: Iscentive is egistative iscentive is is with: iscentive is with: <					Amo	unt of Contribution			
accounted the contract is with: □ Excentive □ Legislative □	Yes Yes	0		Vac	7 11100				
In this contribution associated with a fundraxing event listed in Section J1?	Executive			x _{No}					
Initializing event insection 31: Image: Note on Section 31: Note on Section 31: Mile Contribution 1D # Last Name Francis Norma O6005 Section 1D # O365 Residential Street Address City State Zip Code OF/01/2014 State Zip Code Discretario Name of Employer Retired Secontributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution Is contributor a principal of a state contractor or prospective state contractor? Ves No Secontributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution If yes, indicate which branch or branches of generative state contractor? Ves No Data Received Aggregate Contributions Amount of Contribution If yes, ist Event # Monary Order Personal Check O7/01/2014 State Zip Code If yes, ist Event # Monary Order Personal Check O7/01/2014 State Zip Code If yes, ist Event # Monary Order Personal Check O7/01/2014 State Zip C		Date	Received	Aggregate Contributions					
If yes, list Event # No ☐ Anney Order Credu/Debit Card 07/01/2014 \$25.00 \$25.00 Last Name First MI Contribution ID # 0365 Residential Street Address City State Zip Code 16 Charles St City State Zip Code Principal Occupation Name of Employer Retired Amount of Contribution If yes, indicate which branch or branches of Executive Legislative Scontributor a lobbyist; spouse, or dependent child of a lobbyist; spouse, or depen									
Last Name First MI Contribution ID # Residential Street Address City State Zip Code 106 Charles St Bridgeport CT 06606 Principal Occupation Name of Employer Retired Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves Is our multicate which branch or branches of group certification associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions Is williamus No Casin Personal Check 07/01/2014 \$50.00 \$50.00 Last Name First Mit Contribution ID # 0366 Residential Street Address City State Contributions City State Contribution ID # Milliamus Ves Casin Personal Check City State Contribution ID # Milliamus No State Casin Personal Check City State Contribution ID # Principal Occupation Name of Employer Mill Contribution ID # Canute A 0		07/0	01/2014	\$25.00		\$25.00			
Francis Norma 0365 Residential Street Address City State Zip Code 106 Charles St Bridgeport CT 06606 Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution Is this contributor a sociated with a state contractor or prospective state contractor? Legislative Date Received Aggregate Contributions Amount of Contribution Indinaising event listed in Section J1? Yes Cash Personal Check 07/01/2014 \$50.00 \$50.00 Iast Name First MI Contribution ID # Amount of Contribution ID # Amount of Contribution ID # Indivising Very Crew Trainer City Stateford City Stateford Zp Code If yes, indicate which branch or branches of Executive Legislative Stateford City Stateford City Contribution ID # Is desidential Street Address City Stateford City Stateford City City City C	If yes, list Event # 06052014F								
Residential Street Address City State Zip Code 106 Charles St Bridgeport CT 06606 Principal Occupation Name of Employer Retired Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a bobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution If yes, indicate which branch or branches of gevernment the contract is with: Executive Legislative State Contribution associated with a lobbyist? Yes Amount of Contribution Is this contribution associated with a fundraising event listed in Section 11? Yes Method of contribution contribution: Date Received Aggregate Contributions \$50.00 \$50.00 Last Name First MI Contribution ID # Q366 Strate Zip Code City State Zip Code Principal Occupation Crew Trainer Name of Employer McDonalds City State Zip Code Is contributor a principal of a state contractor or prospective state contractor? Yes Nime of Employer Amount of Contribution Is contributor a principal of a state contractor or prospective state contractor? Yes No Sis c	Last Name	First			MI	Contribution ID #			
106 Charles St Bridgeport CT 06606 Principal Occupation Name of Employer Retired Name of Employer Retired Name of Employer Name of Employer Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist; spouse, or dependent child of a lobbyist? Yes Amount of Contribution sovernment the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Money Order Date Received Aggregate Contributions It yes, list Event # No Cash Money Order Personal Check Credit/Debit Card 07/01/2014 \$50.00 \$50.00 Last Name First Williarms Mill Contribution ID # A 0366 Residential Street Address City State Zip Code 405 Kenyon St Crew Trainer McDonalds State Zip Code If yes, indicate which branch or branches of eavernment the contract is with: Executive Legislative No State Yes No Is toortribution associated with a fundraising event listed in Section J1? Yes No State Zip Code City State Zip Code S	Francis		Norma			0365			
Principal Occupation Name of Employer Retired Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution If yes, indicate which branch or branches of government the contract is with: Executive Legislative Date Received Aggregate Contributions Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions It suggest that the section J1? Yes Cash Personal Check 07/01/2014 \$50.00 \$50.00 It suggest that the contract is with: No Credit/Debit Card 07/01/2014 \$50.00 \$50.00 Last Name First MI Contribution ID # Williams City State Zip Code 405 Kenyon St City State Zip Code Principal Occupation Crew Trainer Method of contribution: Mane of Employer If yes, indicate which branch or branches of government the contract or or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If yes, i	Residential Street Address	City			State	Zip Code			
Retired Retired Is contributor a principal of a state contractor or prospective state contractor? Yes Yes Amount of Contribution a given provided and provided anopport precenteregraded and provided and precenteregre	106 Charles St		Bridgeport		СТ	06606			
Is contributor a principal of a state contractor or prospective state contractor?	Principal Occupation		Name of Employe	r					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate Contributions Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions If yes, list Event # No Cash Personal Check 07/01/2014 \$50.00 \$50.00 Last Name First MI Contribution ID # Williams Cash Credit/Debit Card Of/01/2014 \$50.00 \$50.00 Last Name First MI Contribution ID # Williams Canute A 0366 Residential Street Address City State Zip Code CT 06614 Stratford CT 06614 Principal Occupation Name of Employer McDonalds Is contributor a principal of a state contractor? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative Aggregate Contributions Amount of Contribut			Retire	d					
If yes, indicate which branch or branches of government the contract is with: □ Legislative Image: State of the	Is contributor a principal of a state contractor or prospective state contractor?	0			Amor	unt of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions Is this contribution associated with a fundraising event listed in Section J1? Yes Cash Personal Check O7/01/2014 \$50.00 Is this contribution associated with a fundraising event listed in Section J1? No State Cash Personal Check O7/01/2014 \$50.00 Last Name First MI Contribution ID # Williams Cash Personal Check O7/01/2014 \$50.00 Residential Street Address City State Zip Code 405 Kenyon St Stratford CT 06614 Principal Occupation Name of Employer McDonalds Yes Amount of Contribution Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist; spouse, or dependent child of a lobbyist? Yes Amount of Contribution Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions Is this contribution associated with a fundraising event listed in Section J1? Yes </td <td>If yes, indicate which branch or branches of</td> <td></td> <td>dependent child of</td> <td>5</td> <td></td> <td></td>	If yes, indicate which branch or branches of		dependent child of	5					
fundraising event listed in Section J1?	government the contract is with:								
If yes, list Event # No Image: Cash does you for the contribution of the contribution	Vac	Date	Received	Aggregate Contributions					
If yes, list Event # Money Order Credit/Debit Card MI Contribution ID # Last Name First MI Contribution ID # Wiliams Canute A 0366 Residential Street Address City State Zip Code 405 Kenyon St Stratford CT 06614 Principal Occupation Name of Employer Crew Trainer McDonalds Is contributor a principal of a state contractor or prospective state contractor? Yes X No If yes, indicate which branch or branches of government the contract is with: Executive Legislative X No Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions Is No Cash Personal Check 07/01/2014 \$50.00 \$50.00		07/		+50.00		+50.00			
Wiliams Canute A 0366 Residential Street Address City State Zip Code 405 Kenyon St Stratford CT 06614 Principal Occupation Name of Employer McDonalds Crew Trainer McDonalds Stratford Other stratford Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution If yes, indicate which branch or branches of government the contract is with: Executive Legislative Is contribution associated with a fundraising event listed in Section J1? Method of contribution: Date Received Aggregate Contributions Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Personal Check 07/01/2014 \$50,00 \$50,00	If yes, list Event # Money Order Credit/Debit Card	07/0	01/2014	\$50.00		\$50.00			
Wiliams Canute A 0366 Residential Street Address City State Zip Code 405 Kenyon St Stratford CT 06614 Principal Occupation Name of Employer McDonalds Crew Trainer McDonalds Stratford Amount of Contribution Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative Is contribution a lobbyist? Yes Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Date Received Aggregate Contributions Sto.00	L act Name	Eirot			м	Contribution ID #			
Residential Street Address City State Zip Code 405 Kenyon St CT 06614 Principal Occupation Name of Employer CT 06614 Crew Trainer McDonalds McDonalds Is contributor a principal of a state contractor or prospective state contractor? Yes X No If yes, indicate which branch or branches of government the contract is with: Executive Legislative X No Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions Aggregate Contributions X No Cash Personal Check 07/01/2014 \$50.00 \$50.00		FIISt	Caputo						
405 Kenyon St CT 06614 Principal Occupation Name of Employer McDonalds Crew Trainer McDonalds McDonalds Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative X No Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions X No Personal Check 07/01/2014 \$50,00 \$50,00		City	Canute						
Principal Occupation Name of Employer Crew Trainer McDonalds Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative X No Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions X No Personal Check 07/01/2014 \$50.00 \$50.00		City	Stratford			-			
Crew Trainer McDonalds Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution If yes, indicate which branch or branches of government the contract is with: Executive Legislative Is contributor a lobbyist? No Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions Is this contribution section J1? Yes Method of contribution: Personal Check 07/01/2014 \$50,00 \$50,00		-		r		00014			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? X No X No									
If yes, indicate which branch or branches of government the contract is with: Executive Legislative Image: Cash image: Cas				obbyist, spouse, or	Amo	unt of Contribution			
government the contract is with: Executive Legislative No Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions X No Cash Personal Check 07/01/2014 \$50.00 \$50.00	Yes X N	0		f a lobbyist? Yes					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Date Received Aggregate Contributions X No Personal Check 07/01/2014 \$50.00 \$50.00	Evaputiva			X No					
Indicatising event listed in Section J1? Image: Cash in the personal Check in th	Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
× N₀ □ 07/01/2014 \$50.00 \$50.00									
	If yes, list Event #	07/0	01/2014	\$50.00		\$50.00			

Page 9 of 67						
L MONETARY RECEIPT	'S (Se	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT			
Elect Scott Hughes			Itemized Statement accompanying application for Public			
B. Itemized Contributions from	n Ind	lividuale	Grant - Original			
		liviuuais				
Last Name	First	5		MI	Contribution ID #	
Basset	<i>a</i> :-	Pearce		G	0367	
Residential Street Address	City	Churchfound		State	Zip Code	
257 Ferndale Ave		Stratford		СТ	06614	
Principal Occupation		Name of Employe				
Sr. Network Analyst		-	es Bank			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child of	Vac	Amou	int of Contribution	
If yes, indicate which branch or branches of coveryment the contract is with:			× No			
government the contract is with:	Data	Received	Aggregate Contributions			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
X No Cash Personal Check	07/	01/2014	¢50.00		¢50.00	
If yes, list Event # Money Order X Credit/Debit Card	0//0	01/2014	\$50.00		\$50.00	
Last Name	First	•		MI	Contribution ID #	
	FIISt	Chirdov		IVII	0368	
Thebaud Residential Street Address	City	Shirley		State	Zip Code	
	Сцу				*	
21 Idlewood Rd		White Plains		NY	10605	
Principal Occupation		Name of Employe	T			
Attorney		DC37	11	A	int of Contribution	
Is contributor a principal of a state contractor or prospective state contractor?	D	Is contributor a lo dependent child of	Vac	Amot	int of Contribution	
If yes, indicate which branch or branches of Executive Legislative		*	x _{No}			
	Data	Received	Aggregate Contributions			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
X No Cash Personal Check	0.7/	01/2014	±100.00		±100.00	
If yes, list Event # Money Order X Credit/Debit Card	07/0	01/2014	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Thebauld	THSt	Yolaine		IVII	0369	
Residential Street Address	City	Tolaine		State	Zip Code	
21 Idlewood Rd	City	White Plains		NY	10605	
Principal Occupation		Name of Employe	r		10005	
Nurse		Retire				
		Is contributor a lo		Amor	int of Contribution	
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child of	V V.	Anot	ant of Contribution	
If yes, indicate which branch or branches of Executive Legislative			X No			
government the contract is with:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?	Dute	Received	Aggregate Contributions			
No Cash Personal Check	07/0	01/2014	\$100.00		\$100.00	
If yes, list Event # Money Order X Credit/Debit Card	0//	51/2014	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Allen -Sams	1 1150	Otis			0371	
Residential Street Address	City	013		State	Zip Code	
21 Idlewood Rd	City	White Plains		NY	10605	
Principal Occupation	· · · · ·	Name of Employe	r	L		
Attorney			Hochman \$ Allen			
			bbyist, spouse, or	Amor	unt of Contribution	
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	Vac	1		
If yes, indicate which branch or branches of Executive Legislative			x _{No}			
government the contract is with a Method of contribution:	Date	Received	Aggregate Contributions	·		
fundraising event listed in Section J1?	Duit					
No Cash Personal Check	07/0	01/2014	\$100.00		\$100.00	
If yes, list Event # Money Order X Credit/Debit Card			φ100.00		+ - 00100	

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L. MONETARY RECEIPT	'S (Se	ection A-D				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	. (-	,	TYPE OF REPORT			
Elect Scott Hughes			Itemized Statement accompanying application for Public			
B. Itemized Contributions from		P	Grant - Original			
	1	lividuals		1		
Last Name	First			MI	Contribution ID #	
Anderson		April			0370	
Residential Street Address	City			State	Zip Code	
810 Hopewell St		High Point		NC	27263	
Principal Occupation HR Generalist		Name of Employe High P	r oint University			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo	Vac	Amou	ant of Contribution	
If yes, indicate which branch or branches of	-	dependent child of	a lobbyist?			
government the contract is with:			X No			
Is this contribution associated with a fundraising quart listed in Section 112 Yes	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
If yes, list Event #	07/0	01/2014	\$10.00		\$10.00	
	I					
Last Name	First			MI	Contribution ID #	
Olivers		Chanda			0372	
Residential Street Address	City			State	Zip Code	
205 Bellevue Plantation Rd .	L	Lafayette		LA	70503	
Principal Occupation		Name of Employe				
Store Manager			s Bridal			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child of	Vac	Amou	int of Contribution	
If yes, indicate which branch or branches of		dependent enna or	· —			
government the contract is with:						
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
Cash Personal Check						
If yes, list Event # Money Order X Credit/Debit Card	07/0	01/2014	\$100.00		\$100.00	
		•				
Last Name	First	Debest		MI	Contribution ID #	
Hughes Residential Street Address	<i>C</i> ''	Robert		<u></u>	0373	
	City	Collink		State	Zip Code	
46 Skyridge Ln		Selkirk	-	NY	12158	
Principal Occupation		Name of Employe				
Systems Engineer Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	Systems Intergrators	A.m.o.	int of Contribution	
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of		Allot	ant of Contribution	
If yes, indicate which branch or branches of Executive Legislative			X No			
government the contract is with:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?	Duit	litteritta	- iggrogate controlations			
No Cash Personal Check	07/0	01/2014	\$25.00		\$25.00	
If yes, list Event # Money Order X Credit/Debit Card	0//	01/2011	423100		\$23100	
Last Name	First			MI	Contribution ID #	
Egan	1 1100	Dan			0374	
Residential Street Address	City	Duit		State	Zip Code	
582 Morris St		Albany		NY	12208	
Principal Occupation		Name of Employe	r	I		
Manager		Arama				
		Is contributor a lo		Amou	int of Contribution	
Yes X N	0	dependent child of	Vac			
If yes, indicate which branch or branches of Executive Legislative			x _{No}			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?			-			
X No Cash Personal Check	07/0	02/2014	\$25.00		\$25.00	
If yes, list Event # Money Order X Credit/Debit Card	1		·			

					Page 11 of 6/
L. MONETARY RECEIPT	ES (Se	ction A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Elect Scott Hughes			Itemized Statement accompany	iying applica	tion for Public
	T 19		Grant - Original		
B. Itemized Contributions fro	m Indi	ividuals		•	1
Last Name	First			MI	Contribution ID #
Turner		Marcellus			0375
Residential Street Address	City			State	Zip Code
1221 First Ave		Seattle		WA	98101
Principal Occupation		Name of Employ	er		
Librarian		The S	eattle Public Library		
Is contributor a principal of a state contractor or prospective state contractor?	lo		obbyist, spouse, or Yes	Amo	unt of Contribution
If yog indicate which branch or branches of	10	dependent child of	of a foodyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date F	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes, list Event #	07/0	2/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Toms	1	Linda			0378
Residential Street Address	City			State	Zip Code
95 Belden Rd .		Hamden		ст	06514
Principal Occupation	<u> </u>	Name of Employ	er		Į
Nurse		AAA I	Nursing		
			obbyist, spouse, or	Amo	unt of Contribution
Yes X N	ło	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date F	Received	Aggregate Contributions		
fundraising event listed in Section J1?			66 - 6		
X No Cash Personal Check	07/0	2/2014	\$90.00		\$90.00
If yes, list Event # Money Order X Credit/Debit Card	0//0	2/2014	490.00		\$90.00
Last Name	First			MI	Contribution ID #
Augustine	1 1150	Jackie			0379
Residential Street Address	City	JUCKIC		State	Zip Code
263	City	Geneva		NY	14456
Principal Occupation	<u> </u>	Name of Employ	ar.		14450
Instructor			a College		
			obbyist, spouse, or	Amo	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	lo	dependent child of	V	Allo	
If yes, indicate which branch or branches of Executive Legislative		-	x No		
government the contract is with:	Data T	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1?	Date	CCCIVEU	Aggregate Contributions		
X No Cash Personal Check	07/0	2/2014	¢100.00		¢100.00
If yes, list Event # Money Order X Credit/Debit Card		2/2014	\$100.00		\$100.00
L oot Nomo	T1. 4			M	Contribution ID //
Last Name	First	A		MI	Contribution ID #
Jackson	<i><i>c</i>²</i>	Alphonso		F	0291
Residential Street Address	City	D · I · ·		State	Zip Code
360 Palisade Ave # B18	ι.,	Bridgeport		СТ	06610
Principal Occupation		Name of Employ			
Driver			City Livery		
Is contributor a principal of a state contractor or prospective state contractor?	lo	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amo	unt of Contribution
If yes indicate which branch or branches of		acpendent child (of a foodyist?		
government the contract is with:			X No		
Is this contribution associated with a for draining event listed in faction 112 Yes	Date F	Received	Aggregate Contributions		
fundraising event listed in Section J1?	1				
If yes, list Event #	07/0	2/2014	\$10.00		\$10.00

					Page 12 of 67		
L. MONETARY RECEIPT	'S (Se	ection A-I)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT				
Elect Scott Hughes			Itemized Statement accompan	ying applicat	ion for Public		
B. Itemized Contributions from	n Ind	lividuale	Grant - Original				
		liviuuais			0 . 1		
Last Name	First	E ulas		MI	Contribution ID #		
Dupree Residential Street Address	City	Erica		St. 1	0292		
	Сцу	Pridaoport		State CT	Zip Code 06604		
558 Gregory St		Bridgeport		CI	06604		
Principal Occupation Name of Employer Clerk Citgo Gas- Fairfield							
		Is contributor a lo		Amou	int of Contribution		
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child o	Vac				
If yes, indicate which branch or branches of Executive Legislative			X No				
government the contract is with	Date	Received	Aggregate Contributions				
Is this contribution associated with a fundraising event listed in Section J1?							
X No Cash Personal Check	07/0	02/2014	\$100.00		\$100.00		
If yes, list Event # Money Order Credit/Debit Card		- , -	1				
Last Name	First			MI	Contribution ID #		
Chandler		Rondell			0293		
Residential Street Address	City			State	Zip Code		
558 Gregory St		Bridgeport		СТ	06604		
Principal Occupation		Name of Employe	r				
Clerk		Park A	ve Supermarket				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	bbyist, spouse, or	Amou	nt of Contribution		
	D	dependent child o	f a lobbyist? Yes				
If yes, indicate which branch or branches of government the contract is with:			X No				
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions				
	07/0	02/2014	\$100.00		\$100.00		
If yes, list Event # Money Order Credit/Debit Card							
Last Name	First			MI	Contribution ID #		
Marshall		Todd		В	0294		
Residential Street Address	City			State	Zip Code		
468 Midland St		Bridgeport		СТ	06606		
Principal Occupation		Name of Employe	r				
Manager		Coloni	al Fence Co.	-			
Is contributor a principal of a state contractor or prospective state contractor?	0		bbyist, spouse, or Yes	Amou	int of Contribution		
If yes, indicate which branch or branches of	0	dependent child of					
government the contract is with:			X No				
Is this contribution associated with a for device your titled in Section 112 Yes	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
If yes, list Event #	07/0	02/2014	\$10.00		\$10.00		
					I		
Last Name	First			MI	Contribution ID #		
Costello		Griffith		Т	0295		
Residential Street Address	City			State	Zip Code		
468 Midland St	L	Bridgeport		СТ	06606		
Principal Occupation		Name of Employe					
PAINT			al Fence Co.		ant of Court 1 at		
Is contributor a principal of a state contractor or prospective state contractor?	о	Is contributor a lo dependent child o	bbbyist, spouse, or f a lobbyist? Yes	Amou	int of Contribution		
If yes, indicate which branch or branches of			× No				
government the contract is with:	D-t	Bassivad					
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
X Cash Personal Check	07/	02/2014	¢10 00		¢10.00		
If yes, list Event # Money Order Credit/Debit Card		52/2014	\$10.00		\$10.00		

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L MONETARY RECEIPT	'S (Se	ection 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	First	ii (iuuui)		MI	Contribution ID #		
Torres	1 1130	Enrique		1VII	0376		
Residential Street Address	City	Linque		State	Zip Code		
108 Midland St	City	Bridgeport		CT	06605		
Principal Occupation		Name of Employe	r		00003		
Entrepreneur			rview Market				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo	Vac	Amou	int of Contribution		
If yes, indicate which branch or branches of Executive Legislative	-	dependent child of	x No				
government the contract is with:	Dete	Dessional					
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
Cash Personal Check							
If yes, list Event # Money Order X Credit/Debit Card	07/	02/2014	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Watts		John			0377		
Residential Street Address	City			State	Zip Code		
17 Clemens Ave		Trumbull		СТ	06611		
Principal Occupation		Name of Employe	r				
СРА		John V					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child of	Vac	Amou	int of Contribution		
If yes, indicate which branch or branches of Executive Legislative		dependent ennu of	x No				
government the contract is with:	Data	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
Cash Personal Check	07/	02/2014	¢50.00		+F0.00		
If yes, list Event # Money Order X Credit/Debit Card	07/	02/2014	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Vazquez	1 1150	Jose		A	0443		
Residential Street Address	City	JUSE		State	Zip Code		
24 Worth	City	Pridaoport		CT	06604		
		Bridgeport	-	CI	00004		
Principal Occupation		Name of Employe					
Is contributor a principal of a state contractor or prospective state contractor?		unemp		A.m.o.	int of Contribution		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child of	- V	Alliot	ant of Contribution		
If yes, indicate which branch or branches of Executive Legislative		I	X No				
government the contract is with: Executive Elegislative Legislative	Dete	Received					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
X No Cash Personal Check	07/	02/2014	¢E 00		¢E 00		
If yes, list Event # Money Order Credit/Debit Card	07/	02/2014	\$5.00		\$5.00		
	E' (1.0			
Last Name	First	Delah		MI	Contribution ID #		
	<i>C</i> .,	Ralph		<u></u>	0297		
Residential Street Address	City	Challer		State	Zip Code		
110 Covenant Ct . Principal Occupation	I	Shelby		NC	28152		
		Name of Employe					
machine operator/lead Is contributor a principal of a state contractor or prospective state contractor?		Trellet Is contributor a lo		Amor	int of Contribution		
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	Vac				
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
government the contract is with: Legislauve Legislauve	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
X No Cash Personal Check	07/	03/2014	\$25.00		\$25.00		
If yes, list Event # Money Order Credit/Debit Card	۰ <i>٬</i> ٬	,	420.00				

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I. MONETARY RECEIPT	'S (Se	ection A-I)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT				
Elect Scott Hughes			Itemized Statement accompanying application for Public				
Grant - Original B. Itemized Contributions from Individuals							
Last Name	First			MI	Contribution ID #		
Ortiz	1 1130	Pamela		1VII	0302		
Residential Street Address	City	1 dificit		State	Zip Code		
36 Hawthorne Ave	City	Derby		CT	06418		
Principal Occupation		Name of Employe	r		00110		
Contract Coordinator		Unilev					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	Vac	Amou	int of Contribution		
If was indicate which branch or branches of	5	dependent child of	f a lobbyist?				
government the contract is with:			x _{No}				
Is this contribution associated with a for device source listed in Section 112 Yes	Date	Received	Aggregate Contributions				
If yes, list Event #	07/	03/2014	\$100.00		\$100.00		
					•		
Last Name	First			MI	Contribution ID #		
Eversley		Donald			0303		
Residential Street Address	City			State	Zip Code		
382 Central Park		New York		NY	10025		
Principal Occupation		Name of Employe	r				
Attorney			ey Law	1			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child of	Vac	Amou	int of Contribution		
If yes, indicate which branch or branches of		dependent ennu of	· —				
government the contract is with:							
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
Cash X Personal Check	074	2/2014	+50.00		+50.00		
If yes, list Event #	07/0	03/2014	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Gregan	1 1130	Sarah		B	0298		
Residential Street Address	City	Sarah		State	Zip Code		
285 Courtland Ave		Bridgeport		СТ	06605		
Principal Occupation	<u> </u>	Name of Employe	r				
R.N.			wich Hospital				
		Is contributor a lo	bbyist, spouse, or	Amou	int of Contribution		
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child of	f a lobbyist? Yes				
If yes, indicate which branch or branches of government the contract is with:			x _{No}				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
If yes, list Event #	07/	03/2014	\$5.00		\$5.00		
Last Name	First			MI	Contribution ID #		
Santos		Joao		F	0299		
Residential Street Address	City			State	Zip Code		
2530 Madison Ave		Bridgeport		СТ	06606		
Principal Occupation		Name of Employe					
Fire fighter			port Fire Department	i			
Is contributor a principal of a state contractor or prospective state contractor?	D	Is contributor a lo dependent child of	Vac	Amou	int of Contribution		
If yes, indicate which branch or branches of		acpendent child 0	a lobbyist?				
government the contract is with:		,	X No				
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
Initializing event listed in Section 31? Image: Section 31?		02/2017			+20.00		
If yes, list Event # Money Order Credit/Debit Card	07/	03/2014	\$20.00		\$20.00		

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L MONETARY RECEIPT	'S (Se	ection A-D				
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						
		lividuals		1		
Last Name	First			MI	Contribution ID #	
Grindrod		Steven		М	0296	
Residential Street Address	City			State	Zip Code	
859 E Broadway		Stratford		СТ	06615	
Principal Occupation Name of Employer Milford CT Milford Fabricaing						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	obbyist, spouse, or	Amou	int of Contribution	
	0	dependent child o	f a lobbyist? Yes			
If yes, indicate which branch or branches of government the contract is with:			x _{No}			
	Date	Received	Aggregate Contributions			
Is this contribution associated with a fundraising event listed in Section J1?						
X No Cash Personal Check	07/0	03/2014	\$5.00		\$5.00	
If yes, list Event # Money Order Credit/Debit Card	,					
Last Name	First			MI	Contribution ID #	
Jones		Theodore			0301	
Residential Street Address	City	meddore		State	Zip Code	
165 Hollister Ave	eny	Bridgeport		СТ	06607	
Principal Occupation	I	Name of Employe	Pr.	CI	00007	
Attorney			ore Jones			
			obbyist, spouse, or	Amou	int of Contribution	
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child o	Vac	Anot	ant of Contribution	
If yes, indicate which branch or branches of coveryment the contract is with:		-	x _{No}			
government the contract is with	Data	Received	Aggregate Contributions			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
X Cash Personal Check	07/	2/2014	+20.00		+20.00	
If yes, list Event # Money Order Credit/Debit Card	07/0	03/2014	\$20.00		\$20.00	
	г' (•				
Last Name	First			MI	Contribution ID #	
Daley	~	John		~	0300	
Residential Street Address	City			State	Zip Code	
75 Old Battery Rd		Bridgeport		СТ	06605	
Principal Occupation		Name of Employe				
Contractor			Construction			
Is contributor a principal of a state contractor or prospective state contractor?	D	Is contributor a lo dependent child o	bbbyist, spouse, or Yes	Amou	int of Contribution	
If yes, indicate which branch or branches of		dependent ennu o	·			
government the contract is with:			X No			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
If yes, list Event #	07/0	03/2014	\$10.00		\$10.00	
					1	
Last Name	First			MI	Contribution ID #	
Sherman		Chris			0380	
Residential Street Address	City			State	Zip Code	
19 Holbrook Pl	L	Ansonia		СТ	06401	
Principal Occupation		Name of Employe	er			
Accountant		GE Ca	pital			
Is contributor a principal of a state contractor or prospective state contractor?			bbbyist, spouse, or Yes	Amou	int of Contribution	
If yes, indicate which branch or branches of	~	dependent child o	a lobbyist?			
government the contract is with:			x _{No}			
Is this contribution associated with a restrict the Section 112 Yes	Date	Received	Aggregate Contributions			
If yes, list Event #	07/0	03/2014	\$100.00		\$100.00	
	1			1		

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L MONETARY RECEIPT	'S (Se	ection A-D				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		, , , , , , , , , , , , , , , , , , ,	TYPE OF REPORT			
Elect Scott Hughes			Itemized Statement accompanying application for Public			
B. Itemized Contributions from	T 1		Grant - Original			
	1	ividuals		1	1	
Last Name	First			MI	Contribution ID #	
Galan		Jessica			0382	
Residential Street Address	City			State	Zip Code	
129 Halley Ave		Fairfield		СТ	06825	
Principal Occupation		Name of Employe				
Teacher			ort Public Shools			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child of	Vac	Amou	int of Contribution	
If yes, indicate which branch or branches of		dependent ennu o				
government the contract is with:			x _{No}			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
Cash Personal Check						
If yes, list Event #	07/0	03/2014	\$15.00		\$15.00	
	I				•	
Last Name	First			MI	Contribution ID #	
Thompson-Bennett		Donna			0383	
Residential Street Address	City			State	Zip Code	
45 E Eaton St		Bridgeport		СТ	06604	
Principal Occupation		Name of Employe	r			
Consultant			y Work LLC			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child of	Vac	Amou	ant of Contribution	
If yes, indicate which branch or branches of		dependent child of	·			
government the contract is with:			X No			
Is this contribution associated with a fundraising year listed in Section 112 Yes	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
If yes, list Event #	07/0	03/2014	\$50.00		\$50.00	
	I				•	
Last Name	First			MI	Contribution ID #	
Lomax		Edward			0381	
Residential Street Address	City			State	Zip Code	
331 Funston Ave		Bridgeport		СТ	06606	
Principal Occupation		Name of Employe				
Architect		ETL De				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child of	- V	Amou	int of Contribution	
If yes, indicate which branch or branches of Executive Legislative		dependent enna o	x No			
government the contract is with:						
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
X No Cash Personal Check						
If yes, list Event # Money Order X Credit/Debit Card	07/0	03/2014	\$25.00		\$25.00	
Last Name	First			MI	Contribution ID #	
Johnson		Celeste			0345	
Residential Street Address	City			State	Zip Code	
49 B Mencel Cir	L	Bridgeport		СТ	06610	
Principal Occupation		Name of Employe				
			port Hospital		ant of Court 1 1	
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child of	Vac	Amou	ant of Contribution	
If yes, indicate which branch or branches of Executive Legislative			× No			
government the contract is with:		D · 1 · 1				
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
X No X Cash Personal Check	0	2/2014	15 00		+F 00	
If yes, list Event # Money Order Credit/Debit Card		03/2014	\$5.00		\$5.00	

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I. MONETARY RECEIPT	'S (Se	ection A-I)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	,	,	TYPE OF REPORT				
Elect Scott Hughes			Itemized Statement accompanying application for Public Grant - Original				
B. Itemized Contributions from Individuals							
Last Name	First			MI	Contribution ID #		
Johnson		Valerie		Y	0346		
Residential Street Address	City			State	Zip Code		
2400 North Ave		Bridgeport		ст	06610		
Principal Occupation		Name of Employe	r				
		Retire	d				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child of	Vac	Amou	int of Contribution		
If yes, indicate which branch or branches of Executive Legislative			X No				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Dute	Received	Aggregate Controlations				
X Cash Personal Check	07/0	03/2014	\$5.00		\$5.00		
If yes, list Event # Money Order Credit/Debit Card	0//(55/2011	43.00		\$3.00		
Last Name	First			MI	Contribution ID #		
Royster		Ivy			0386		
Residential Street Address	City			State	Zip Code		
443 McKinley Ave		Stratford		СТ	06615		
Principal Occupation		Name of Employe	r				
CEO			ague Enterprises				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	bbyist, spouse, or	Amou	int of Contribution		
Yes X N	0	dependent child of	Vac				
If yes, indicate which branch or branches of government the contract is with:			X No				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
If yes, list Event #	07/0	04/2014	\$10.00		\$10.00		
Last Name	First			MI	Contribution ID #		
Johnson	Filst	Amber		IVII	0347		
Residential Street Address	City	Amber		State	Zip Code		
49B Mencel Cir	City	Bridgeport		СТ	06610		
Principal Occupation	<u> </u>	Name of Employe	r	01	00010		
		Unem					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo		Amou	int of Contribution		
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	V				
If yes, indicate which branch or branches of government the contract is with:			X No				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
If yes, list Event #	07/0	04/2014	\$5.00		\$5.00		
	1						
Last Name	First			MI	Contribution ID #		
Jackson		Richard			0384		
Residential Street Address	City	1 61		State	Zip Code		
116 Ogden Ave	L	Jersey City		NJ	07307		
Principal Occupation		Name of Employe					
Vice President Credit Risk Is contributor a principal of a state contractor or prospective state contractor?		Lity N Is contributor a lo	ational Private & Wealth Mai	-	int of Contribution		
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	Vac	Amot	an or contribution		
If yes, indicate which branch or branches of Executive Legislative			X No				
government the contract is with:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
No Cash Personal Check	07/0	04/2014	\$100.00		\$100.00		
If yes, list Event # Money Order Credit/Debit Card	,`						

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L MONETARY RECEIPT	'S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Elect Scott Hughes			Itemized Statement accompan	iying applicat	ion for Public
B. Itemized Contributions from			Grant - Original		
		ividuals		1	
Last Name	First			MI	Contribution ID #
Ward		Louise		E	0387
Residential Street Address	City			State	Zip Code
73 Sixth St	L	Bridgeport		СТ	06607
Principal Occupation		Name of Employe	r		
Community Organizer		CCEJ		ı .	
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child o	Vac	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		r	× No		
government the contract is with:	Data	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
Cash Personal Check	07/0	04/2014	±10.00		±10.00
If yes, list Event #	07/0	04/2014	\$10.00		\$10.00
					G (1) (10)
Last Name	First	-		MI	Contribution ID #
Hughes	C'i	Tanya		6 1.1	0389
Residential Street Address	City			State	Zip Code
1379 Reservoir Ave	<u> </u>	Bridgeport		СТ	06606
Principal Occupation		Name of Employe			
Executive Director			of Connecticut	1	
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child o	Vac	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent ennu o	-		
government the contract is with:			X No		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	07/0	04/2014	\$25.00		\$25.00
	I				i
Last Name	First			MI	Contribution ID #
Jones		Lucy			0390
Residential Street Address	City			State	Zip Code
221 Pierce St	L	Staten Island		NY	10304
Principal Occupation		Name of Employe			
Parole Officer		NYSDO			
Is contributor a principal of a state contractor or prospective state contractor?	D	Is contributor a lo dependent child o	bbbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent ennu o	·		
government the contract is with:			X No		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check					
If yes, list Event # Money Order X Credit/Debit Card	07/0	04/2014	\$50.00		\$50.00
					1
Last Name	First			MI	Contribution ID #
Hector		Shannon			0304
Residential Street Address	City			State	Zip Code
21 Gertrude Ln	<u> </u>	West Haven		СТ	06516
Principal Occupation		Name of Employe			
Hairdresser			la Salon		
Is contributor a principal of a state contractor or prospective state contractor?	ъ		bbbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child o			
government the contract is with:			X No		
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	07/0	04/2014	\$10.00		\$10.00

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L MONETARY RECEIPT	'S (Se	ection 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	First			MI	Contribution ID #		
Hiller		Margaret			0385		
Residential Street Address	City	_		State	Zip Code		
50 Beacon St		Bridgeport		СТ	06605		
Principal Occupation		Name of Employe	r				
Administrator		Bridge	port Public Education Fund I	INC.			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child of	Vac	Amou	int of Contribution		
If yes, indicate which branch or branches of		dependent child of	·				
government the contract is with:	-		X No				
Is this contribution associated with a fundraising avant listed in Section 112 Yes	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
If yes, list Event #	07/	04/2014	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Sorrentino		Valerie			0388		
Residential Street Address	City			State	Zip Code		
220 Lake Ave		Trumbull		СТ	06611		
Principal Occupation		Name of Employe	r				
Retired		City of	Bridgeport	_			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo	Vac	Amou	int of Contribution		
If yes, indicate which branch or branches of		dependent child of					
government the contract is with:			X No				
Is this contribution associated with a function associated with a function associated with a Yes	Date	Received	Aggregate Contributions				
If yes, list Event #	07/	04/2014	\$20.00		\$20.00		
	I			I	•		
Last Name	First			MI	Contribution ID #		
Washington		La Drina		D	0350		
Residential Street Address	City			State	Zip Code		
640 F Trumbull Ave		Bridgeport		СТ	06606		
Principal Occupation		Name of Employe	r				
CNA		Thirty	Thirty Watermark				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo	V	Amou	int of Contribution		
If yes, indicate which branch or branches of		dependent child of	•				
government the contract is with:	_		x No				
Is this contribution associated with a for device work listed in Section 112 Yes	Date	Received	Aggregate Contributions				
If yes, list Event #	07/	05/2014	\$5.00		\$5.00		
Last Name	First			MI	Contribution ID #		
Washington		Beatrice		А	0351		
Residential Street Address	City			State	Zip Code		
45 Valley Ave	L	Bridgeport		СТ	06606		
Principal Occupation		Name of Employe	r				
Nurse CNA			Home care asst.				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo	Vac	Amou	int of Contribution		
If yes, indicate which branch or branches of		dependent child of	a lobbyist?				
government the contract is with:		<u>.</u>	X No				
Is this contribution associated with a fundraicing event listed in Section 112 Yes	Date	Received	Aggregate Contributions				
If yes, list Event #	07/	05/2014	\$5.00		\$5.00		

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L. MONETARY RECEIPT	'S (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT			
Elect Scott Hughes			Itemized Statement accompanying application for Public			
B. Itemized Contributions from	m Ind	lividuals	Grant - Original			
Last Name	First			MI	Contribution ID #	
Washington Jr.	That	William		IVII	0348	
Residential Street Address	City	William		State	Zip Code	
45 Valley Ave	eny	Bridgeport		CT	06606	
Principal Occupation		Name of Employe	r			
Landscaping			on Landscaping			
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a lo	bbyist, spouse, or	Amou	unt of Contribution	
If you indicate which been shown along of	0	dependent child of				
government the contract is with:			x _{No}			
Is this contribution associated with a function where the section of the section	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
If yes, list Event #	07/	05/2014	\$5.00		\$5.00	
Last Name	First			MI	Contribution ID #	
Washington		William			0349	
Residential Street Address	City			State	Zip Code	
45 Valley Ave		Bridgeport		СТ	06606	
Principal Occupation		Name of Employe				
			on Landscaping	ı .		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child of	Vac	Amou	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative		1	× No			
government the contract is with:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
X No Cash Personal Check	07/	05/2014	\$5.00		\$5.00	
If yes, list Event # Money Order Credit/Debit Card	0//	03/2011	43.00		\$5.00	
Last Name	First			MI	Contribution ID #	
Brantley		Gwen			0392	
Residential Street Address	City			State	Zip Code	
51 Yale St		Bridgeport		СТ	06605	
Principal Occupation		Name of Employe	r		-	
Health Benefits Specialist		KJB As	ssociates			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo	V	Amou	unt of Contribution	
If yas indicate which branch or branches of	0	dependent child of				
government the contract is with:			x _{No}			
Is this contribution associated with a for devicing super listed in Section 112 Yes	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
If yes, list Event #	07/	05/2014	\$10.00		\$10.00	
Last Name	First			MI	Contribution ID #	
Jones	<i>C</i> ''	Ronald		D	0308	
Residential Street Address	City	Bridgenert		State CT	Zip Code 06607	
23 Freeman St Principal Occupation	L	Bridgeport Name of Employe	r		00007	
teacher			of Education			
		Is contributor a lo	bbyist, spouse, or	Amo	unt of Contribution	
Yes X N	0	dependent child of	Vac			
If yes, indicate which branch or branches of government the contract is with:			x _{No}			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
If yes, list Event #	07/	05/2014	\$100.00		\$100.00	
	1	I				

					Page 21 of 67
L. MONETARY RECEIPT	'S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Elect Scott Hughes			Itemized Statement accompany	iying applicat	ion for Public
B. Itemized Contributions from	T		Grant - Original		
	1	ividuals		1	
Last Name	First	_		MI	Contribution ID #
Lipscomb		Joan		A	0309
Residential Street Address	City			State	Zip Code
5 Hunting Rdg		Ravena		NY	12143
Principal Occupation Educator		Name of Employe			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo	Vac	Amou	ant of Contribution
If yes, indicate which branch or branches of coveryment the contract is with:	-	dependent child o	x No		
government the contract is with:	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	07/	05/2014	\$25.00		\$25.00
If yes, list Event # Money Order Credit/Debit Card	0//(572014	\$23.00		\$23.00
Last Name	First			MI	Contribution ID #
Givans	1 1100	Claudette		A	0305
Residential Street Address	City	Claddette		State	Zip Code
35 Bishop Ave Fl 2		Bridgeport		СТ	06607
Principal Occupation	<u> </u>	Name of Employe	r		00007
Inbound Services Rep		Cablev			
		Is contributor a lo	bbyist, spouse, or	Amou	int of Contribution
Yes X No	D	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
	Date	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1? Yes X Cash Personal Check					
If yes, list Event #	07/0	05/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Gremp		Carter		W	0306
Residential Street Address	City			State	Zip Code
97 Catherine St Fl 2		Bridgeport		СТ	06604
Principal Occupation		Name of Employe			
Real Estate			emp LLC		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child o	bbyist, spouse, or f a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with:	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	07/0	05/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	0//	55/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Gremp		Jamie		M	0307
Residential Street Address	City			State	Zip Code
97 Catherine St		Bridgeport		СТ	06604
Principal Occupation	·	Name of Employe	r		
Swimming coach			ork A C		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution
	5	dependent child o			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event #	07/0	05/2014	\$100.00		\$100.00

					Page 22 of 67	
L. MONETARY RECEIPT	'S (Se	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT			
Elect Scott Hughes			Itemized Statement accompanying application for Public			
B. Itemized Contributions from	n Ind	ividuale	Grant - Original			
	1	lividuals				
Last Name	First			MI	Contribution ID #	
Hughes	<i>C</i> ''	Lynnea		<u></u>	0391	
Residential Street Address	City	Oslilard		State	Zip Code	
420 Bellevue Ave	<u> </u>	Oakland		CA	94610	
Principal Occupation Social Worker		Name of Employe				
Is contributor a principal of a state contractor or prospective state contractor?	0		bbbyist, spouse, or	Amou	ant of Contribution	
If yes, indicate which branch or branches of	~	dependent child o				
government the contract is with:			x _{No}			
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions			
If yes, list Event #	07/0	05/2014	\$25.00		\$25.00	
Last Name	First			MI	Contribution ID #	
Washington		Quarasha		м	0444	
Residential Street Address	City			State	Zip Code	
45 Valley Ave		Bridgeport		СТ	06606	
Principal Occupation		Name of Employe	r			
Customer Service		Wheel	S			
Is contributor a principal of a state contractor or prospective state contractor?			bbyist, spouse, or Yes	Amou	int of Contribution	
	5	dependent child o				
If yes, indicate which branch or branches of government the contract is with:			x _{No}			
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions			
If yes, list Event #	07/0	05/2014	\$5.00		\$5.00	
					•	
Last Name	First			MI	Contribution ID #	
Washington		Timothy		D	0449	
Residential Street Address	City			State	Zip Code	
45 Valley Ave		Bridgeport		СТ	06606	
Principal Occupation		Name of Employe	n.			
		Unem	ployed			
Is contributor a principal of a state contractor or prospective state contractor?	0		bbyist, spouse, or Yes	Amou	int of Contribution	
If yes, indicate which branch or branches of	~	dependent child o				
government the contract is with:			× No			
Is this contribution associated with a for device source listed in Section 112 Yes	Date	Received	Aggregate Contributions			
If yes, list Event #	07/0	05/2014	\$5.00		\$5.00	
					0.11.5	
Last Name	First			MI	Contribution ID #	
Washington		Niema		М	0455	
Residential Street Address	City			State	Zip Code	
45 Valley Ave	L	Bridgeport		СТ	06606	
Principal Occupation		Name of Employe				
hairdresser		Niema				
Is contributor a principal of a state contractor or prospective state contractor?	D	Is contributor a lo dependent child o	bbyist, spouse, or Yes	Amou	int of Contribution	
If yes, indicate which branch or branches of		_opendent ennu 0	x No			
government the contract is with:		r				
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
		5 (20)	. –		15.00	
If yes, list Event #	07/0	05/2014	\$5.00		\$5.00	

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L MONETARY RECEIPT	'S (Se	ection A-D					
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	First	il v iu uais		MI	Contribution ID #		
Paul	FIISt	Koren		IVII	0457		
Residential Street Address	City	Koren		State	Zip Code		
215 Roosevelt Ave	City	Stratford		CT	06615		
Principal Occupation	<u> </u>	Name of Employe	or .	СГ	00015		
Principal		1 2	a ord Public Schools				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo	Vac	Amou	ant of Contribution		
If yes, indicate which branch or branches of		dependent child of					
government the contract is with:			x _{No}				
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions				
If yes, list Event #	07/0	05/2014	\$25.00		\$25.00		
					•		
Last Name	First			MI	Contribution ID #		
Bass		Nicole		А	0445		
Residential Street Address	City			State	Zip Code		
381 Valley Ave		Bridgeport		СТ	06606		
Principal Occupation		Name of Employe	r				
				-			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo	Vac	Amou	ant of Contribution		
If yes, indicate which branch or branches of	Ĩ	dependent child of					
government the contract is with:			x _{No}				
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions				
If yes, list Event #	07/0	05/2014	\$5.00		\$5.00		
Last Name	First			MI	Contribution ID #		
Washington		Petrina		L	0446		
Residential Street Address	City			State	Zip Code		
45 Valley Ave .		Bridgeport		СТ	06606		
Principal Occupation		Name of Employe	er				
		None		-			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo	- V	Amou	unt of Contribution		
If yes, indicate which branch or branches of	0	dependent child of					
government the contract is with:			x _{No}				
Is this contribution associated with a fraction UP Yes	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
If yes, list Event #	07/0	05/2014	\$5.00		\$5.00		
Last Name	First			MI	Contribution ID #		
McGarrah		Chimwae			0447		
Residential Street Address	City			State	Zip Code		
361 Ridgefield		Bridgeport		СТ	06610		
Principal Occupation	Ī	Name of Employe	r				
		N/A					
Is contributor a principal of a state contractor or prospective state contractor?			bbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of	~	dependent child of					
government the contract is with:			× No				
Is this contribution associated with a fraction up Yes Yes	Date	Received	Aggregate Contributions				
If yes, list Event #	07/0	06/2014	\$5.00		\$5.00		

					Page 24 of 67			
L. MONETARY RECEIPT	'S (Se	ction A-I)	_					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<u> </u>		TYPE OF REPORT					
Elect Scott Hughes			Itemized Statement accompan Grant - Original	iying applicat	tion for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Williams		Barbara			0448			
Residential Street Address	City			State	Zip Code			
76 Judson Pl		Bridgeport		СТ	06610			
Principal Occupation		Name of Employe	r					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child of	Vac	Amo	unt of Contribution			
If yes, indicate which branch or branches of coversment the contract is with:			X No					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event #	07/0	06/2014	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Pettway	FIISt	Micayla		IVII	0456			
Residential Street Address	City	Meayla		State	Zip Code			
76 Judson Pl		Bridgeport		СТ	06610			
Principal Occupation	<u> </u>	Name of Employe	r		<u> </u>			
		Foreve	er 21					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child of	Vac	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:		I	x _{No}					
Is this contribution associated with a for devicing event listed in Section 119 Yes	Date	Received	Aggregate Contributions					
If yes, list Event #	07/0	06/2014	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Lewis		Margaret			0353			
Residential Street Address	City			State	Zip Code			
246 Hanover St Apt 2	L	Bridgeport		СТ	06605			
Principal Occupation		Name of Employe						
Medical Assistant			w Cancer Center					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child of	V	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:			X No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes								
If yes, list Event #	07/0	06/2014	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Morris		Alan			0354			
Residential Street Address	City			State	Zip Code			
76 Judson Pl		Bridgeport		СТ	06610			
Principal Occupation	Ī	Name of Employe Retire						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo	bbyist, spouse, or	Amo	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	f a lobbyist?					
government the contract is with: Legislative Legislative	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			•					
If yes, list Event #	07/0	06/2014	\$5.00		\$5.00			

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TUTE OF REPORT Fleet Score Hingles Interact Cognition of Name Commission Interact Cognition of Name Commission Lan Name Flast Interact Cognition of Name Commission Name Commission Standard Stark Adden Cr Stark Cognition Stark Cognition Stark Cognition Name Complex Name Commission Stark Cognition Star	I. MONETARY RECEIPT	'S (Se	ection A-D				
		``	,	TYPE OF REPORT			
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Principal (Acquisition Name of Targetyper, Sance And Sance contractor is properties data centrator? Image and the contractor is properties data centrator. Image and the contractor is properties data centrator. <td< td=""><td></td><td>City</td><td>Pridaoport</td><td></td><td></td><td>-</td></td<>		City	Pridaoport			-	
					CI	06610	
L contribute a general of a state contractor of prospective state contractor? ↓ Yen No. Logistative Amount of Canabasian Type, including which down to branches of control down in the state of a state contractor in which down in the state of a state control of a state c							
Tyse, indicate which hands or branches of encoder of the control of a lobely sit? Yes Aggregate Control of a lobely sit? Yes Information exceeds which a method of control of the co					Amoi	unt of Contribution	
Index orbits and set in Scalar J2 Decay in Capability Image and combulations Aggregate Cambulations find per per lise in Scalar J2	Yes X N	0		Vac			
Indication should associated with a should a product of a balance of control balance	Encounting Logislation			x _{No}			
Institution of certification is beached [17] N Cade Presonal Clock 07/06/2014 \$5.00 \$5.00 Last Name First M Contribution (D = 4) 0356 Residential Streich Address Core State Zip Code Code 1/2 streich State Core State Zip Code Code 1/2 streich State Core State Zip Code	Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
	fundraising event listed in Section J1?						
Las Name Find M Count-balant ID # Residential Street Advins City Shartz Safe Zg Code Principal Cocupation Safe City Safe Zg Code Principal Cocupation Num of Employer Cit O6610 Assit, Admin Use of Bridgeport Cit O6610 Is contributed and to bunches of more projective state contractor? Is contribute a lobbyic, spoar, or dependent of the Contract is subt. No Annount of Contribution I the contribute and in Section J1? Ves M Contribution S.5.00 S.5.00 I the contribute and in Section J1? Ves City Date Received Aggregate Contribution S.5.00 I as whether and in Section J1? Ves City No First MI Contribution and and in Section J1? I as contribute and in Section J1? Ves City City Date Received Aggregate Contributions I as whether and in Section J1? Ves City MI Contribution and in Section J1? Or Section A I as whether and in Section J1? Ves City Name of Employer City Sate Zg Code I as whether and in Section J1? Ves City Name of Employer City Sate		07/	06/2014	\$5.00		\$5.00	
Williams Shanta 0336 Risidenti Streit Addres City Findgeport City City Assit. Admin City of Bridgeport City of Stridgeport Ammunication of the control interview Assit. Admin City of Stridgeport Ammunication of the control interview Ammunication of the control interview Ammunication of the control interview Individue which hanch or branches of an extension of the control interview Extension of the control interview Ammunication of the control interview Ammunication of the control interview Individue which hanch or branches of an extension of the control interview Extension of the control interview Ammunication of the control interview Ammunication of the control interview Individue which hanch or branches of an extension of the control interview Extension of the control interview Aggregate Contributions Ammunication of the control interview Interview First Million of the control interview Extension of the control interview Stride Aggregate Contributions Interview of the control interview Liggitative None of temployer Liggitative None of temployer Author/Illustrator Liggitative None of temployer Illustration Stride contributinos Inth	If yes, list Event # Money Order L Credit/Debit Card						
Residential Street Address City Bridgeport CT 06610 Pringel Dicorputsion Assit: Admin Nome of Employer CT 06610 Is contributor a principal of a state contractor or prospective state contractor? Is contributor a function of prospective state contractor? Date Received Aggregate Contribution Is a contributor a function of prospective state contractor? Is contributor and principal of a state contractor or prospective state contractor? Date Received Aggregate Contribution It as Name Accorn First Mt Contribution D # Accorn Executive Legistative No State Zip Cole Atthor/fillustrator Lizzy Rockwell Productions Is contributor associated with a find of contribution Amount of Contribution Is contributor a principal of a state contractor or prospective state contractor? Ves No Is contributor associated with a find of socintribution	Last Name	First			MI	Contribution ID #	
76 Judson PI. Cr 06610 Principal Cocquision Name of Employer Name of Employer. Name of Emp	Williams		Shanta			0356	
Principal Occupation Nume of Employer Last Admin Is contributer a principal of a state contractor or prospective state contractor? Ves No Is contributer a biolysis; goats, or dependence thild of a lobbyin? Yes Amount of Contribution If yes, indicate which branch or branches of control which: Is contributer a biolysis; goats, or dependence thild of a lobbyin? Yes No Amount of Contribution Is the contributer a setting if yes, list Event # Wes Cash Personal Check 07/06/2014 \$5.00 \$5.00 Last Name Cont Gash Method of contribution: Date Received Aggregate Contributions 0394 Residential Street Address City State Zip Code City State Zip Code Principal Occupation Nume of Employer Lizz Name Is contributer a principal of a state contractor or prospective state contractor? Yes No State Zip Code Of Corporers Ave Bridgeport City No Is contributer a biolysis, goats, or dependenchild of a lobbyin? No Is contributer a principal of a state contractor or prospective state contractor? Yes No Is contributer a principal of a state contractor or prospective state contractor? Yes <t< td=""><td>Residential Street Address</td><td>City</td><td></td><td></td><td>State</td><td>Zip Code</td></t<>	Residential Street Address	City			State	Zip Code	
Assit: Admin City of Bridgeport La contributor a principal of a state contractor or propertive state contractor?	76 Judson Pl .		Bridgeport		СТ	06610	
In contributor a principal of a state contractor or prospective state contractor?	Principal Occupation	-	Name of Employe	r	-		
If yes, indicate which branch or branches of envermment the contract is with: Iscentive Icsentive	Assit. Admin		City of	f Bridgeport			
If yes, indicate which branche of pranches of	Is contributor a principal of a state contractor or prospective state contractor?	0		Vac	Amou	ant of Contribution	
ownermant be contract is with: I excutive Legislative I explained b its contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions I yes, list Event # No I cash Name O7/06/2014 \$5.00 \$5.00 I as Name Creatin Dark (Contribution) Creatin Dark (Contribution) Original Dark (Contribution) MI Contribution D # Acorn Elizabeth City State Zip Code Author/Illustrator Name of Employer City State Zip Code Principal Occupation Lizzy Rockwell Productions Xes Xes Xes Author/Illustrator Executive Ligislative Xes Xes Xes Is doenthable of and state contractor? Yes No Is contributions Aggregate Contributions Aggregate Contributions Is doenthable of a Section J1? Yes Method of contribution: Date Received Aggregate Contributions Aggregate Contributions I yes, indicate which hanch or banches of anstee ontractor? Yes <	If you indicate which been shown has a f	0	dependent child of				
turdraising event listed in Section J1? Yes Yes Cach Personal Check 07/06/2014 \$5.00 \$5.00 Last Name First MI Contribution ID # 0394 Residential Street Address City State Zip Code 401 Grovers Ave City State Zip Code Principal Occupation Name of Elizabeth Name of Elizabeth City State Zip Code 1/ second Address State contractor or prospective state contractor? Ves Name of Elizabeth Name of Elizabeth Amount of Contribution 1/ sys, indicate which harach or branches of state contractor? Ves No Is contribution abobysits; proses, or dependent child of a lobbysit? Yes Amount of Contribution 1/ sys, indicate which harach or branches of state contractor? Ves No Data Received Aggregate Contributions Amount of Scondown 1/ sys, indicate which harach or branches of branches of state contractor or prospective state contractor? Ves No Data Received Aggregate Contributions Amount of Contribution ID # 1/ sys, indicate which harach or branches of Data Received Cash Personal Check O7/06/2014 \$25.00 \$25.00 <td>Executive</td> <td></td> <td></td> <td>X No</td> <td></td> <td></td>	Executive			X No			
Intractange event insect in Section J1? Image: Section J1? Mill Contribution ID # Last Name First Image: Section J1? Image:	Vac	Date	Received	Aggregate Contributions			
If yes, list Event # No Money Order Credit/Debit/Card 07/06/2014 \$5.00 \$5.00 Last Name First MI Contribution ID # 0394 Residential Street Address City State Zip Code 401 Grovers Ave Bridgeport CT 06605 Principal Occupation Name of Employer Lizzy Rockwell Productions Amount of Contribution Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist; spouse, or growpective state contractor? Aggregate Contribution advance, or growpective state contractor? Yes Amount of Contribution Is scontributor a with branch or branches of growpective state contractor. Executive Legislative No Scontributor a lobbyist; spouse, or growpective state contractor. No Scontributor a lobbyist; spouse, or growpective state contractor. No Scontributor a lobbyist; spouse, or growpective state contractor. No Scontributor a lobbyist; spouse, or growpective state contractor. No Scontributor a lobbyist; spouse, or growpective state contractor. No Scontributor a lobbyist; spouse, or growpective state contractor. No Scontributor a lobbyist; spouse, or growpective state contractor. No Scontributor a lobbyist; spouse, or growpec							
Last Name First MI Contribution ID # Acorn Elizabeth 0394 Residential Street Address City State Zip Code 401 Grovers Ave Bridgeport CT 06605 Principal Occupation Name of Employer Lizzy Rockwell Productions Contribution Is contributor a principal of a state contractor or prospective state contractor? yes No Is contribution associated with a fundnising event listed in Section J1? Amount of Contribution Is fundnising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions I system at the contract swith: Cash Personal Check 07/06/2014 \$25.00 \$25.00 Last Name City State City Contribution ID # 0396 0396 Residential Street Address City State City Contribution ID # 0396 Residential Street Address City State contractor or prospective state contractor? Yes Name of Employer Is contributor a principal of a state contractor or prospective state contractor? Yes Name of Employer Amount of Contribution Last Name <td< td=""><td></td><td>07/</td><td>06/2014</td><td>\$5.00</td><td></td><td>\$5.00</td></td<>		07/	06/2014	\$5.00		\$5.00	
Acorn □ 0394 Residential Street Address City State Zip Code 401 Grovers Ave Bridgeport CT 06605 Principal Occupation State City Occode 05605 Author/Illustrator State City Occode 05605 Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution Indraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions Aggregate Contributions Indraising event listed in Section J1? Yes Credit/Debit Card 07/0/0/2014 \$25.00 \$25.00 Its wame City State Zip Code 0396 Residential Street Address City State Zip Code 78 Hubbard Ave Yes No Is executive Is equively and thor al obbysist, spouse, or dependent child of a lobbysist? Yes State Zip Code Principal Occupation First Mil Contributorin D# 0396 <						1	
Residential Street Address City State Zip Code 401 Grovers Ave Bridgeport CT 06605 Principal Occupation Name of Employer Lizzy Rockwell Productions Is contributor a principal of a state contractor or prospective state contractor? Is vesticate which branch or branches of georement the contract is with: Is contributor a lobbyist, spoase, or dependent vial (a lobbyist?) Yes Amount of Contribution Is this costribution associated with a fundarising event listed in Section 11? Yes Method of contribution: Date Received Aggregate Contributions \$25.00 Last Name City State City State Zip Code Principal Occupation No Credit/Debit Card 07/06/2014 \$25.00 \$25.00 Last Name First Mol Contribution ID # 0396 Residential Street Address City State Zip Code 78 Hubbard Ave Name of Employer State City State Zip Code If yes, indicate which branch or prospective state contractor? Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes No State Zip Code CT		First			MI		
401 Grovers Ave Bridgeport CT 06605 Principal Occupation Name of Employer Lizzy Rockwell Productions Is contributor a principal of a state contractor or prospective state contractor? yes No Is contributor a lobbyist; spouse, or dependent child of a lobbyist? yes Amount of Contribution associated with a fundraising event listed in Section J1? Yes Method of contribution Is contributor a lobbyist? No Amount of Contribution Last Name Yes Method of contribution Cash Personal Check O7/06/2014 \$25.00 \$25.00 Is scontributor a lobbyist; spouse, or dependent child of a lobbyist? MI Contribution ID # Davis Cash Personal Check O7/06/2014 \$25.00 \$25.00 Last Name First MI Contribution ID # O396 Residential Street Address City State Zip Code CT 06905 Principal Occupation Name of Employer State Zip Code CT 06905 Principal Occupation Is contributor a lobbyist, spouse, or dependent child of a lobbyist; s			Elizabeth				
Principal Occupation Name of Employer Author/Illustrator Lizzy Rockwell Productions Is contributor a principal of a state contractor or prospective state contractor? Ves No If yes, indicate which branch or branches of acourtact is with: Executive Legislative Soverment the contract is with: Amount of Contribution alobyist, spouse, or dependent child of a lobbyist? Amount of Contribution Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions Is this contribution associated with a fundraising event listed in Section J1? No Cash Personal Check 07/06/2014 \$25.00 \$25.00 Last Name First Donald MI Contribution ID # 0396 Residential Street Address City State Zip Code Cft 06905 Principal Occupation Banking Name of Employer Is contribution a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution iD # If yes, indicate which branch or branches of a state contractor? Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? State Zip Code Residential Street		City				-	
Author/Illustrator Lizzy Rockwell Productions Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution spouse, or dependent child of a lobbyist? Yes No Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions State Z5.00 Is this contributor a principal of a state contract is with: Yes Method of contribution: Date Received Aggregate Contributions State S25.00 If yes, list Event # No Cash Personal Check 07/06/2014 \$25.00 \$25.00 Last Name City State Zip Code 0396 0396 0396 Residential Street Adfress City Stame of Employer Of 06/05 050 050 Principal Occupation Banking Executive Legislative Legislative State Zip Code 06905 If yes, indicate which branch or branches of executive Legislative Executive Legislative State Zip Code Contribution a lobbyisit, spouse, or dependent child of a lobbyisi					СТ	06605	
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If yes, indicate which branch or branches of government the contract is with: Executive Legislative Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions If yes, list Event # No Cash Personal Check 07/06/2014 \$25.00 \$25.00							
If yes, indicate which branch or branches of government the contract is with: □ Legislative □ Legislative □ No Is this contribution associated with a fundrating event listed in Section J1? □ Yes Method of contribution: □ Date Received Aggregate Contributions If yes, list Event # No □ Cash □ Personal Check 07/06/2014 \$25.00 \$25.00 Last Name First MI Contribution ID # 0396 Residential Street Address City State Zip Code 78 Hubbard Ave City State Zip Code Principal Occupation Federal Reserve Bank of New York Federal Reserve Bank of New York Amount of Contribution If yes, indicate which branch or branches of eovernment the contractor or prospective state contractor? Yes No Is contribution associated with a fund of contribution: Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If yes, indicate which branch or branches of eovernment the contract is with: Legislative Legislative Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Date Received Aggr	is contributor a principal of a state contractor or prospective state contractor?	0		- V	Amou	int of Contribution	
Bovenment und contract is with. Yes Method of contribution: Date Received Aggregate Contributions Is this contribution associated with a fundraising event listed in Section J1? Yes Personal Check 07/06/2014 \$25.00 Is this contribution associated with a fundraising event listed in Section J1? No Cash Personal Check 07/06/2014 \$25.00 Last Name First MI Contribution ID # 0396 Residential Street Address City State Zip Code 78 Hubbard Ave State City State O6905 Principal Occupation Name of Employer Federal Reserve Bank of New York 06905 Is contributor a principal of a state contractor or prospective state contractor? Yes No Amount of Contribution If yes, indicate which branch or branches of sovernment the contract is with: Executive Legislative Aggregate Contributions Amount of Contribution 1s this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Personal Check 07/06/2014 Aggregate Contributions 1s this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Executive			X No			
fundraising event listed in Section J1? Yes If yes, list Event # Cash Barking Personal Check Davis Credit/Debit Card Donald 0396 Residential Street Address City The principal Occupation CT Principal Occupation No Banking Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of covernment the contract is with: Is contribution a principal of a state contractor or prospective state contractor? Is contribution a lobbyist; Pouse, or covernment the contract is with: Is this contribution as contract or prospective state contractor? Yes Is this contribution as contraction J1? Yes Method of contribution: It undraising event listed in Section J1? Yes Is hoo Personal Check O7/06/2014 State Contribution Is donated of the principal of a state contractor or prospective state contractor? Yes Is this contribution as contractor or prospective state contractor? Yes Is this contribution as contractor or prospective state contractor? Yes Is this contribution as contractor or prospective state contractor? Yes Is this contribution as contractor or prospective state contractor? Yes Is this contribution as contractor or prospective state contractor? Yes Is this cont	government the contract is with:	Date	Received				
If yes, list Event # No Money Order Is Credit/Debit Card 07/06/2014 \$25.00 Last Name First MI Contribution ID # Davis Donald 0396 Residential Street Address City State Zip Code 78 Hubbard Ave Stamford CT 06905 Principal Occupation Name of Employer Federal Reserve Bank of New York CT 06905 Is contributor a principal of a state contractor or prospective state contractor? Yes Yes Is contribution a lobbyist; spouse, or dependent child of a lobbyist? Amount of Contribution If yes, indicate which branch or branches of government the contract is with: Executive Legislative Aggregate Contributions No Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Personal Check 07/06/2014 \$100.00 \$100.00	Vec	Date	Received	Aggregate Contributions			
If yes, list Event # Money Order C Credit/Debit Card Mil Contribution ID # 0396 Last Name Last Name Davis Residential Street Address City Donald Oa396 Residential Street Address City State Zip Code Zi V 06905 CT 06905 CT 06905 Principal Occupation Banking Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is this contribution associated with a fundraising event listed in Section J1? Xes Cash Personal Check O7/06/2014 Stat0.00		07/	06/2014	\$25.00		\$25.00	
Davis Donald 0396 Residential Street Address City State Zip Code 78 Hubbard Ave Stamford CT 06905 Principal Occupation Name of Employer Federal Reserve Bank of New York Federal Reserve Bank of New York Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist; spouse, or dependent child of a lobbyist? Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative Is contribution associated with a fundraising event listed in Section J1? Method of contribution: Date Received Aggregate Contributions Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions	If yes, list Event # Money Order X Credit/Debit Card	0,7,	00/2011	423100		425100	
Davis Donald 0396 Residential Street Address City State Zip Code 78 Hubbard Ave Stamford CT 06905 Principal Occupation Name of Employer Federal Reserve Bank of New York Federal Reserve Bank of New York Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist; spouse, or dependent child of a lobbyist? Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative Is contribution associated with a fundraising event listed in Section J1? Method of contribution: Date Received Aggregate Contributions Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions	Last Name	First			МІ	Contribution ID #	
Residential Street Address City State Zip Code 78 Hubbard Ave CT 06905 Principal Occupation Name of Employer Federal Reserve Bank of New York Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative Is contribution a lobbyist? Yes Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions Is no Cash Personal Check 07/06/2014 \$100.00 \$100.00			Donald				
Principal Occupation Name of Employer Banking Federal Reserve Bank of New York Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution If yes, indicate which branch or branches of government the contract is with: Executive Legislative Is contribution associated with a fundraising event listed in Section J1? Method of contribution: Date Received Aggregate Contributions Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions Is no Cash Personal Check 07/06/2014 \$100.00 \$100.00		City			State		
Principal Occupation Name of Employer Banking Federal Reserve Bank of New York Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution If yes, indicate which branch or branches of government the contract is with: Executive Legislative Is contribution associated with a fundraising event listed in Section J1? Method of contribution: Date Received Aggregate Contributions Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions Is no Cash Personal Check 07/06/2014 \$100.00 \$100.00			Stamford				
Banking Federal Reserve Bank of New York Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution If yes, indicate which branch or branches of sovernment the contract is with: Executive Legislative Is contributor a lobbyist? No Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Date Received Aggregate Contributions Is no Cash Personal Check 07/06/2014 \$100.00 \$100.00		•		r			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? X No Cash Personal Check O7/06/2014 State Contribution State Contribution St			Federa	al Reserve Bank of New York	[
If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative Is this contribution associated with a fundraising event listed in Section J1? Yes X No Cash Personal Check O7/06/2014 \$100.00 \$100.00				obbyist, spouse, or		ant of Contribution	
government the contract is with: Executive Legislative No Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions X No Cash Personal Check 07/06/2014 \$100.00 \$100.00		0	dependent child of	a lobbyist?			
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Date Received Aggregate Contributions Is this contribution associated with a fundraising event listed in Section J1? Image: Description of the contribution o	Executive			x _{No}			
Improve the section 31? Improve the section 31? Improve the section 31? Improve the section 31? <td>Is this contribution associated with a Method of contribution:</td> <td>Date</td> <td>Received</td> <td>Aggregate Contributions</td> <td>1</td> <td></td>	Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1		
× N₀ □							
	If yes, list Event #	07/	06/2014	\$100.00		\$100.00	

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L MONETARY RECEIPT	'S (Se	ction A-I)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT				
Elect Scott Hughes			Itemized Statement accompanying application for Public				
Grant - Original Grant - Original B. Itemized Contributions from Individuals							
Last Name	First			MI	Contribution ID #		
Butler		Stephanie		U	0352		
Residential Street Address	City			State	Zip Code		
7 Edwin St		Bridgeport		СТ	06607		
Principal Occupation	<u> </u>	Name of Employe	r				
		Unem	ployed				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child of	Vac	Amou	int of Contribution		
If yes, indicate which branch or branches of Executive Legislative		Ĩ	X No				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
X No Cash Personal Check	07/0	06/2014	\$5.00		\$5.00		
If yes, list Event # Money Order Credit/Debit Card	0//0		40.00		40100		
Last Name	First			MI	Contribution ID #		
Van Dyke		Kahina			0393		
Residential Street Address	City			State	Zip Code		
1051 Van Antwerp Rd .		Niskayuna		NY	12309		
Principal Occupation	·	Name of Employe	r				
Group Head		Master	rcard				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	bbyist, spouse, or	Amou	int of Contribution		
	0	dependent child of	·				
If yes, indicate which branch or branches of government the contract is with:			x _{No}				
Is this contribution associated with a restrict the force of the section of the s	Date	Received	Aggregate Contributions				
If yes, list Event #	07/0	06/2014	\$100.00		\$100.00		
	 				1		
Last Name	First			MI	Contribution ID #		
Buchanan		Jamika			0397		
Residential Street Address	City			State	Zip Code		
33 Perch Dr .	<u> </u>	Mahopac		NY	10541		
Principal Occupation		Name of Employe	r				
		MVSD		A	unt of Constribution		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child of	V	Amot	int of Contribution		
If yes, indicate which branch or branches of Executive Legislative		*	X No				
government the contract is with:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Dute		- iggiogate contributions				
No Cash Personal Check	07/0	06/2014	\$50.00		\$50.00		
If yes, list Event # Money Order X Credit/Debit Card	.,.		+		+		
Last Name	First			MI	Contribution ID #		
Garrett		William			0395		
Residential Street Address	City			State	Zip Code		
520 Savoy St		Bridgeport		СТ	06606		
Principal Occupation		Name of Employe	r				
Consultant		Bill Ga	rrett, Sole Proprietor				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	Vac	Amou	int of Contribution		
If yes, indicate which branch or branches of	~	dependent child of	a lobbyist?				
government the contract is with:			x No				
Is this contribution associated with a fraction UP Yes	Date	Received	Aggregate Contributions				
If yes, list Event #	07/0	06/2014	\$10.00		\$10.00		

					Page 27 of 67	
L MONETARY RECEIPT	'S (Se	ection A-D				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT			
Elect Scott Hughes			Itemized Statement accompanying application for Public			
B. Itemized Contributions from	T	P	Grant - Original			
	1	lividuals		1		
Last Name	First			MI	Contribution ID #	
Martinez		Carla			0405	
Residential Street Address	City			State	Zip Code	
69 Edna Ave		Bridgeport		СТ	06610	
Principal Occupation Special Ed Para		Name of Employe	r d of ED			
		Is contributor a lo	bbyist, spouse, or	Amou	ant of Contribution	
Yes X No	D	dependent child of	Vac			
If yes, indicate which branch or branches of government the contract is with:			X No			
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions			
If yes, list Event #	07/0	07/2014	\$10.00		\$10.00	
If yes, list Event # Money Order X Credit/Debit Card						
Last Name	First			MI	Contribution ID #	
Curry		Carolanne			0403	
Residential Street Address	City			State	Zip Code	
29 Hiawatha Ln		Westport		СТ	06880	
Principal Occupation	_	Name of Employe	r			
Retired		Retire	d	-		
Is contributor a principal of a state contractor or prospective state contractor?	D	Is contributor a lo	Vac	Amou	ant of Contribution	
If yes, indicate which branch or branches of	-	dependent child of				
government the contract is with:			X No			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
If yes, list Event #	07/0	07/2014	\$25.00		\$25.00	
Last Name	First	Coon		MI	Contribution ID #	
Horgan Residential Street Address	City	Sean		W State	0311 Zip Code	
368 Brewster St	City	Bridgeport		CT	06605	
Principal Occupation		Name of Employe	r	СГ	00005	
Driver		rune of Employe	4			
		Is contributor a lo	bbyist spouse or	Amor	ant of Contribution	
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child of				
If yes, indicate which branch or branches of Executive Legislative			x No			
government the contract is with: Legislative Legislative	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
X No Cash Personal Check	07/0	07/2014	\$5.00		\$5.00	
If yes, list Event # Money Order L Credit/Debit Card						
Last Name	First			MI	Contribution ID #	
Andrew		Berry		т	0310	
Residential Street Address	City			State	Zip Code	
97 Catherine St		Bridgeport		СТ	06604	
Principal Occupation		Name of Employe	r			
Restaraunt		Chuck	Steak House			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo		Amou	ant of Contribution	
If yes, indicate which branch or branches of	~	dependent child of	a lobbyist?			
government the contract is with:			x _{No}			
Is this contribution associated with a fundamining source lists d in Section 112 Yes	Date	Received	Aggregate Contributions			
If yes, list Event #	07/0	07/2014	\$100.00		\$100.00	

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L. MONETARY RECEIPT	'S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Elect Scott Hughes			Itemized Statement accompan	iying applicat	ion for Public
B. Itemized Contributions from			Grant - Original		
	1	ividuals		1	
Last Name	First			MI	Contribution ID #
Suehisa		Cathy			0398
Residential Street Address	City	D		State	Zip Code
30 Curtis St .	L	Reading		ME	01867
Principal Occupation US Account Manager		Name of Employe Bibliol	abs LLC		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo	Vac	Amou	ant of Contribution
If yes, indicate which branch or branches of	-	dependent child o	x No		
government the contract is with:	Data	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes list Event # Cash Personal Check	07/0	07/2014	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Martinez		Andrew			0399
Residential Street Address	City			State	Zip Code
1725 Old Town Rd .		Bridgeport		СТ	06606
Principal Occupation		Name of Employe	r		
Student		De Pa	ul Univ		
Is contributor a principal of a state contractor or prospective state contractor?	0		bbbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child o	· .		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
Cash Personal Check	07/0	2/2014	42E 00		+ 2 F 0 0
If yes, list Event # Money Order X Credit/Debit Card	07/0	07/2014	\$25.00		\$25.00
Last Name	First	-		MI	Contribution ID #
Townsend	1 1130	karen		1VII	0400
Residential Street Address	City	Karen		State	Zip Code
95 Vineyard Rd .		Hamden		СТ	06517
Principal Occupation	· · · · ·	Name of Employe	r		
Librarian		State	of Ct		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	obbyist, spouse, or	Amou	ant of Contribution
	0	dependent child o	f a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	07/0	07/2014	\$25.00		\$25.00
	- -				Contribution ID #
Last Name	First	1		MI	
Chavez-Brumell Residential Street Address	City	Luis		State	0401 Zip Code
281 Ocean Ave	City	West Haven		CT	06516
Principal Occupation		Name of Employe	r	0.	00010
Library Associate			" Haven Public Library		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	obbyist, spouse, or	Amou	ant of Contribution
	υ	dependent child o	-		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event #	07/0	07/2014	\$10.00		\$10.00

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I. MONETARY RECEIPT	'S (Se	ction A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	,	<i>,</i>	TYPE OF REPORT		
Elect Scott Hughes			Itemized Statement accompan	iying applicat	tion for Public
	T 1'	• • • •	Grant - Original		
B. Itemized Contributions from	m Indi	viduals			1
Last Name	First			MI	Contribution ID #
Jones		Schamont			0402
Residential Street Address	City			State	Zip Code
66A Stone Ridge Rd		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er	-	
Sales Manager		Last S	Stop Enterprises		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution
	0	dependent child of	-		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
	Date R	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	07/0	7/2014	\$5.00		\$5.00
If yes, list Event # Money Order X Credit/Debit Card	0770	,,2011	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Jones	1 11 51	Gregory			0404
Residential Street Address	City	Glegoly		State	Zip Code
	City				-
8 Fullerton St	L	Albany		NY	12209
Principal Occupation		Name of Employ			
Administrator		,	School District of Albany	i	
Is contributor a principal of a state contractor or prospective state contractor?	ю		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	-		
government the contract is with:			x _{No}		
Is this contribution associated with a fundamining source listed in Section 112 Yes	Date R	Received	Aggregate Contributions		
	07/0	7/2014	\$75.00		\$75.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Hyde		Shauna-Kay		А	0438
Residential Street Address	City	,		State	Zip Code
86 Pequonnock Apt 20	,	Bridgeport		СТ	06604
Principal Occupation	<u> </u>	Name of Employ	er	0.	
Owner Operator			and Seek Co.		
		,	obbyist, spouse, or	Amo	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	io	dependent child of	V	Amo	
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1?	Date R	Received	Aggregate Contributions		
If yes, list Event #	07/0	7/2014	\$20.00		\$20.00
				I	•
Last Name	First			MI	Contribution ID #
Chappell		Sherman			0452
Residential Street Address	City			State	Zip Code
85 Livingston Pl		Bridgeport		СТ	06610
Principal Occupation		Name of Employ	er		-
		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amo	unt of Contribution
Yes X No	io	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date P	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Duit N		-opropute contributions		
X No Cash Personal Check	07/0	9/2014	4E 00		¢5.00
If yes, list Event # Money Order Credit/Debit Card		8/2014	\$5.00		\$5.00

					Page 30 of 67		
L. MONETARY RECEIPT	'S (Se	ction 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 Grant - Original B. Itemized Contributions from Individuals							
Last Name	First			MI	Contribution ID #		
Whitley		Jean			0450		
Residential Street Address	City			State	Zip Code		
139 Hallet St		Bridgeport		СТ	06610		
Principal Occupation		Name of Employe	r				
		Unemp	ployed				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child of	Vac	Amou	unt of Contribution		
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
X No Cash Personal Check	07/0	08/2014	\$5.00		\$5.00		
If yes, list Event # Money Order Credit/Debit Card							
Last Name	First			MI	Contribution ID #		
Lipscomb		Joan			0406		
Residential Street Address	City			State	Zip Code		
2B Colonial Woods Ln .	L_,	Guilderland		NY	12084		
Principal Occupation		Name of Employe					
Teacher Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	Colonie CSD	A m o	ant of Contribution		
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac	Amot	int of Contribution		
If yes, indicate which branch or branches of government the contract is with:			x _{No}				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
If yes, list Event #	07/0	08/2014	\$55.00		\$55.00		
Last Name	First			MI	Contribution ID #		
Pannozzo		Carole			0408		
Residential Street Address	City			State	Zip Code		
167 Waverly Rd .		Shelton		СТ	06484		
Principal Occupation		Name of Employe	r				
Human Resources		Shelto	n Public Schools				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child of	V	Amou	int of Contribution		
If yes, indicate which branch or branches of Executive Legislative		dependent enna er	× No				
government the contract is with:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?	But		1.55.05ale controlations				
If yes, list Event #	07/0	08/2014	\$50.00		\$50.00		
If yes, list Event # Money Order X Credit/Debit Card							
Last Name	First			MI	Contribution ID #		
Whitley		Roland			0360		
Residential Street Address	City			State	Zip Code		
260 Thompson St	L,	Stratford		СТ	06615		
Principal Occupation		Name of Employe BPT. D					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo	bbyist, spouse, or	Amou	unt of Contribution		
If yes, indicate which branch or branches of		dependent child of	a lobbyist?				
government the contract is with:		i	X No				
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
If yes, list Event #	07/0	08/2014	\$5.00		\$5.00		

I. MONETARY RECEIPTS (Section A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT				
Lieet Boott Hughes	Itemized Statement accompanying application for Public			
Grant - Original Grant - Original B. Itemized Contributions from Individuals				
	MI	Contribution ID #		
Chappell Jerry		0357		
	State	Zip Code		
	СТ	06610		
Principal Occupation Name of Employer Maintenence Stamford Hotel				
	A mou	nt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor?	Amou	in of Contribution		
If yes, indicate which branch or branches of Executive Executive Legislative				
government me contract is with . Date Received Aggregate Contributions				
fundraising event listed in Section J1?				
X No Cash Personal Check 07/08/2014 \$5.00		\$5.00		
If yes, list Event # Money Order Credit/Debit Card		\$3.00		
Last Name First	MI	Contribution ID #		
	IVII	0359		
Chappell Glorie	State	Zip Code		
		*		
	СТ	06610		
Principal Occupation Name of Employer				
Housekeeping Bridgeport Hospital				
Is contributor a principal of a state contractor or prospective state contractor?	Amou	nt of Contribution		
If yes, indicate which branch or branches of				
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Date Received Aggregate Contributions				
X Cash Personal Check				
If yes, list Event # Value Cash Credit/Debit Card 07/08/2014 \$5.00		\$5.00		
	MI	Contribution ID #		
Chappell Martisha		0358		
	State	Zip Code		
	СТ	06610		
Principal Occupation Name of Employer				
unemployed				
Is contributor a principal of a state contractor or prospective state contractor?	Amou	nt of Contribution		
If yes, indicate which branch or branches of government the contract is with:				
Is this contribution associated with a Method of contribution: Date Received Aggregate Contributions				
If yes, list Event # Cash Personal Check 07/08/2014 \$5.00		\$5.00		
Last Name First	MI	Contribution ID #		
Piquette Ed	L	0317		
Residential Street Address City	State	Zip Code		
34 Hackley St Bridgeport	СТ	06605		
Principal Occupation Name of Employer				
Atty Haskell & Piquette				
Is contributor a principal of a state contractor or prospective state contractor?	Amou	nt of Contribution		
dependent chird of a roodyist?				
If yes, indicate which branch or branches of government the contract is with:				
Is this contribution associated with a forting U2 Yes Method of contribution: Date Received Aggregate Contributions				
If yes, list Event # No Money Order Credit/Debit Card 07/08/2014 \$20.00		\$20.00		

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L. MONETARY RECEIPT	'S (Se	ction A-I)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT				
Elect Scott Hughes			Itemized Statement accompan	iying applicat	ion for Public		
Grant - Original Grant - Original B. Itemized Contributions from Individuals							
Last Name	First			MI	Contribution ID #		
Aranjo		William			0314		
Residential Street Address	City			State	Zip Code		
1450 Main St # 502		Bridgeport		ст	06604		
Principal Occupation	·	Name of Employe	er				
		Retire	d				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child o	bbbyist, spouse, or f a lobbyist? Yes	Amou	int of Contribution		
If yes, indicate which branch or branches of coveryment the contract is with:			× No				
government the contract is with:	Data	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
X No Cash Personal Check	07/0	08/2014	\$10.00		\$10.00		
If yes, list Event # Money Order Credit/Debit Card	0770	072014	\$10.00		\$10.00		
Last Name	First			MI	Contribution ID #		
Larcheveque	1 11.50	Anne			0315		
Residential Street Address	City	Anne		State	Zip Code		
500 Lake Ave		Bridgeport		СТ	06605		
Principal Occupation	<u> </u>	Name of Employe	er		00000		
R.N.			ld University				
			obbyist, spouse, or	Amou	int of Contribution		
Yes X No	0	dependent child o	Vac				
If yes, indicate which branch or branches of government the contract is with:			x _{No}				
	Date	Received	Aggregate Contributions				
Is this contribution associated with a fundraising event listed in Section J1? Yes X Cash Personal Check							
If yes, list Event #	07/0	08/2014	\$8.00		\$8.00		
Last Name	First			MI	Contribution ID #		
Nylen	Thst	Wendy		IVII	0316		
Residential Street Address	City	wenuy		State	Zip Code		
85 Clarkson St	City	Bridgeport		CT	06605		
Principal Occupation	<u> </u>	Name of Employe	er	01	00003		
Retail Store Owner		Picture					
			obbyist, spouse, or	Amou	int of Contribution		
Yes X N	0	dependent child o	- V				
If yes, indicate which branch or branches of government the contract is with:			x _{No}				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
	07/0	08/2014	\$40.00		\$40.00		
If yes, list Event # L Money Order L Credit/Debit Card	L			L			
Last Name	First			MI	Contribution ID #		
Hechavarria		Caridad			0407		
Residential Street Address	City			State	Zip Code		
199 Pawson Rd	L.	Branford		СТ	06405		
Principal Occupation		Name of Employe					
Retired		Retire					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child o	bbbyist, spouse, or Sector Yes	Amou	int of Contribution		
If yes, indicate which branch or branches of		acpendent ennu 0					
government the contract is with:		<u> </u>	X No				
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
No Cash Personal Check	07/2	00/2014	+2F 00		42F 00		
If yes, list Event # No Money Order X Credit/Debit Card	0//0	08/2014	\$25.00		\$25.00		

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If yes, its Feent # If wey Outer Or / 08/2014 \$100.00 U UO Last Name Bowens Ital Outer Addres 0313 Cascinul Steve, Addres Cr 06006 06006 Stational Steve, Addres Cr 06006 06006 Principal Occupation State of Brancy Decision Cr 06006 Halfredsser State of Brancy Decision State of Brancy Decision Principal Occupation Principal Occupation Principal Occupation State of Brancy Decision Principal Occupation Principal Oc							
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Residential Steet Address City State CT 06606 Principal Occupation Bridgeport CCT 06606 Is contributor a principal of a state contractor or propective site contractor? Yes Nume of Engloyer Yes No If yes, indicate which hunch to branches of avarrance that is section 1/2 Yes No Is contributor a principal of a state contractor or propective site contractor? Date Received Aggregate Contributions No It should be added to a section 1/2 Yes Media of contribution: Date Received Aggregate Contributions So.00 \$5.00 It should be added to a section 2/2 No If the contract or prospective site contractor? No No Or/08/2014 \$5.00 \$5.00 Last Nume Clay No If the contract or prospective site contractor? No No Or/08/2014 \$5.00 \$5.00 It should be added to a lobby site secure Cash Previoual Case No Is contributor a lobby site secure Of 06605 Principal O scate contractor or prospective site contractor? Yes No Is contributor a lobby site secure Is contributor and to secure secure secontractor No Is contributor andise	Last Name	First			MI	Contribution ID #	
333 Vincelette St # 80 CT 06606 Principal Cocquision Name of Employed To State contractor? >	Bowens		Jessica			0313	
Principal Occupation Name of Employer Coltron Joshua Salon Le contributer a principal of a state contractor or prospective state contractor?	Residential Street Address	City			State	Zip Code	
Hairdesser Cotton Joshua Salon Is contributor a principal of a state contractor or prospective surfactor? L ver is know Is contributor a principal of a state contractor or prospective surfactor? L ver is know Is contributor a principal of a state contractor? L ver is know Is contributor a principal of a state contractor? Method of contributions Method of contri	333 Vincelette St # 80		Bridgeport		СТ	06606	
Is contributor a principal of a state contractor of prospective state contractor?	Principal Occupation		Name of Employe	r			
If yes, indicate which branch or branches of carteria with: □ ves ∑ yes ∑ yes </td <td>Hairdesser</td> <td></td> <td>Colton</td> <td>Joshua Salon</td> <td></td> <td></td>	Hairdesser		Colton	Joshua Salon			
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aggregate Contributions Method of contributions Date Received Aggregate Contributions 1 yes, list Event # No Pressonal Check Credit/Debit Cad 07/08/2014 \$5.00 \$5.00 1 yes, list Event # Noney Odder Personal Check Credit/Debit Cad 07/08/2014 \$5.00 \$5.00 1 yes, list Event # Money Odder Credit/Debit Cad 07/08/2014 \$5.00 \$5.00 1 set Stame First Mile Contribution ID 318 Residential Street Address Same OF Employer Same OF Employer \$100 \$6605 Principal Couptain First Name OF Employer Name OF Employer \$100 \$100 Is contribution associated with a finach or branche of prospective state contractor? Pressonal Check Name OF Employer Yes \$100 \$1000 Is contribution associated with a finach or branche of prospective state contractor? Pressonal Check \$100 \$1000 \$1000 Is contribution associated with a finach or branche of prospective state contractor? Pressonal Check \$100 \$1000 \$1000 \$1000 Is contribution associated with a finach or branche of manche or branche of prospective state contractor?		0	dependent child of				
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Last Name First MI Contribution ID # Arbelo Veronica 0318 Residential Street Address City State Zip Code 230 Fox St Bridgeport CT 06605 Principal Compation Bridgeport CT 06605 Educator Bridgeport Yes No Is contributor a junicipal of a state contractor or prospective state contractor? Yes No Is contributor a junicipal of a state contractor? Yes No Arnount of Contribution Is this contribution associated with a markets of indicate which branch or branches of government the contract is with: Yes Cash Personal Check Aggregate Contributions No If yes, list Event # No Cash Personal Check O7/08/2014 \$10.00 \$10.00 It yes, list Event # No Cash Personal Check Or/08/2014 \$10.00 \$10.00 It yes, list Event # No Cash Personal Check Or/08/2014 \$10.00 \$10.00 It yes, list Event # No Cash Personal Check Ord Ord Ord Is desidential Strec Address		07/	08/2014	\$5.00		\$5.00	
Arbelo 0318 Residential Street Address City		1			1	1	
Residential Street Address City State Zip Code 230 Fox St Bridgeport CT 06605 Principal Occupation Name of Employer State CT 06605 Is contributor a principal of a state contractor or prospective state contractor? Vs No Is contributor a lobbyist; spouse, or dependent child of a lobbyist? Vs Yes No Amount of Contribution Is bits contributor a sociated with a function associated with a function section J1? Yes Method of contribution: Date Received Aggregate Contributions State Stat		First			MI		
230 Fox St Bridgeport CT 06605 Principal Occupation Name of Employment Name of Employment <t< td=""><td></td><td></td><td>Veronica</td><td></td><td></td><td></td></t<>			Veronica				
Principal Occupation Name of Employer Is contributor a principal of a state contractor or prospective state contractor?		City				-	
Educator Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundrasing event listed in Section J1? Yes Yes Cash Personal Check Method of contribution: Yes Cash Method of contribution: Yes Cash Method of contribution: Yes Cash Money Order Credit/Debit Card Or/vB/2014 State Contribution 1D # Cash Miney Order First David Last Name Ferrio Cash Perriol Cash Principal Occupation Landsaper State contractor or prospective state contractor? Yes Yes Yes No Executive Legislative State contractor or prospective state contractor? Yes Yes State contractor or prospective state contractor? Yes Yes State contractor or prospective state contractor? Yes State contractor or prospective state contractor? Yes State contractor or prospective state contractor? Yes Yes State contractor with: Genore in thisted in Se					CI	06605	
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of govermment the contract is with: Is contributor a lobbyist, spouse, or dependent child of a lobbyist, spouse			Name of Employe	r			
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Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions Is this contribution associated with a fundraising event listed in Section J1? Yes Cash Money Order Personal Check Credit/Debit Card 07/08/2014 \$10.00 \$10.00 Last Name Ferrio MI Contribution D1 # 0319 Residential Street Address City David L 0319 Residential Street Address City State Zip Code Principal Occupation State Vest State Zip Code Is contributor a principal of a state contractor or prospective state contractor? Yes Yes No Is contributor: No Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions Aggregate Contributions	If yes, indicate which branch or branches of		*	X No			
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If yes, list Event # Money Order Credit/Debit Card 07/08/2014 \$10.00 \$10.00 Last Name Ferrio It Contribution ID # Ferrio David L 0319 Residential Street Address City State Zip Code 468 Midland St V Name of Employer Ct 06605 Principal Occupation Name of Employer Stratton Landscaping V Stratton Landscaping Is contributor a principal of a state contractor or prospective state contractor? Yes Yes Si contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative Is contributor a lobbyist? Yes Yes Is this contribution associated with a fundaria in Section J1? Yes Method of contribution: Date Keeived Aggregate Contributions	fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
If yes, list Event # Money Order Credit/Debit Card Image: Credit Card	X No Cash Personal Check	07/	08/2014	\$10.00		\$10.00	
Ferrio L 0319 Residential Street Address City State Zip Code 468 Midland St Bridgeport CT 0605 Principal Occupation Name of Empiry State 0605 Is contributor a principal of a state contractor prospective state contractor? Pres Name of Empiry Yes So contribution So contribution associated with a government the contract is with: Executive Legislative Is contribution So contribution So contribution Aggregate Contributions Image: So contribution	If yes, list Event # Money Order Credit/Debit Card	0,,,	00/2011	\$10,000		<i>410.00</i>	
Ferrio L 0319 Residential Street Address City State Zip Code 468 Midland St Bridgeport CT 0605 Principal Occupation Name of Empiry State 0605 Is contributor a principal of a state contractor prospective state contractor? Pres Name of Empiry Yes So contribution So contribution associated with a government the contract is with: Executive Legislative Is contribution So contribution So contribution Aggregate Contributions Image: So contribution	Last Name	First			MI	Contribution ID #	
Residential Street Address City State Zip Code 468 Midland St Bridgeport CT 06605 Principal Occupation Name of Employment Stratu Stratu Stratu Of CT 06605 Is contributor a principal of a state contractor or prospective state contractor? Yes Yes Stratu Strau Stratu Stratu			David				
468 Midland St CT 06605 Principal Occupation Name of Employ Start Scaping Star		City					
Principal Occupation Landsaper 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 Legislative Date Received Aggregate Contributions			Bridgeport			-	
Landsaper Stratton Landscaping Is contributor a principal of a state contractor prospective state contractor? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution If yes, indicate which branch or branches of government the contract is with: Executive Legislative Is contribution Is contribution associated with a for the principal of a state contribution: Method of contribution: Date Received Aggregate Contributions Aggregate Contribution:		•		r			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a greated with a function of the principal of a state contribution: Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobby			Stratte	on Landscaping			
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1?				bbyist, spouse, or	Amou	ant of Contribution	
government the contract is with: Executive Legislative No Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions		0	dependent child of	a lobbyist?			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions	Evaputiva			x _{No}			
fundraising event listed in Section J1?	Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1		
Description of the second seco	fundraising event listed in Section J1?						
If yes, list Event # No Noney Order Cash Credit/Debit Card 07/08/2014 \$10.00 \$10.00		07/	08/2014	\$10.00		\$10.00	

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L. MONETARY RECEIPT	'S (Se	ection A-D					
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	First			MI	Contribution ID #		
Edmonds		Jettiree			0320		
Residential Street Address	City			State	Zip Code		
32A Karen Ct		Bridgeport		СТ	06606		
Principal Occupation		Name of Employe	r				
Accounting		Manpo	ower				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo	Vac	Amou	int of Contribution		
If yes, indicate which branch or branches of		dependent child of	x No				
government the contract is with:							
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
X Cash Personal Check							
If yes, list Event # No Money Order Credit/Debit Card	07/	09/2014	\$10.00		\$10.00		
Last Name	First			MI	Contribution ID #		
Verras		George			0321		
Residential Street Address	City			State	Zip Code		
73 More House St		Bridgeport		СТ	06605		
Principal Occupation		Name of Employe	r				
Cook		Athena	a Diner	_			
Is contributor a principal of a state contractor or prospective state contractor?	D	Is contributor a lo dependent child of	Vac	Amou	int of Contribution		
If yes, indicate which branch or branches of Executive Legislative		dependent enna o	x No				
government the contract is with:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
X No Cash Personal Check	07/	00/2014	¢E 00		¢E 00		
If yes, list Event # Money Order Credit/Debit Card	07/	09/2014	\$5.00		\$5.00		
Last Name	First			MI	Contribution ID #		
Verras		Gus			0322		
Residential Street Address	City			State	Zip Code		
73 More House St		Bridgeport		СТ	06605		
Principal Occupation	<u> </u>	Name of Employe	r				
Maintenence		Shop I	Rite				
		Is contributor a lo		Amou	int of Contribution		
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child of					
If yes, indicate which branch or branches of Executive Legislative			x No				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?			66 · 6 · · · · · · · · ·				
X Cash Personal Check	07/	09/2014	\$5.00		\$5.00		
If yes, list Event # Money Order Credit/Debit Card	0//	03/2011	43.00		\$3.00		
Last Name	First			MI	Contribution ID #		
Glaze	1 1100	Robert		F	0324		
Residential Street Address	City	Robert		State	Zip Code		
68 Granfield Ave	City	Bridgeport		CT	06610		
Principal Occupation	<u> </u>	Name of Employe	r		00010		
Marketing		Unem					
		Is contributor a lo	bbyist, spouse, or	Amou	unt of Contribution		
Yes X N	D	dependent child of	Vac				
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
government the contract is with: Legislauve Legislauve	Date	Received	Aggregate Contributions	·			
fundraising event listed in Section J1?	Duit						
X No Cash Personal Check	07/	09/2014	\$50.00		\$50.00		
If yes, list Event # Money Order Credit/Debit Card		57/2014	\$30.00		40000		

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	``	,	TYPE OF REPORT		
Elect Scott Hughes			Itemized Statement accompany	iying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuale	Grant - Original		
	1	liviuuais		1.0	0 . 1 . D //
Last Name	First	1		MI	Contribution ID #
Hudson Residential Street Address	<i>C</i> ''	Lerebours		<u></u>	0325
3106 Park Ave	City	Pridaoport		State CT	Zip Code 06604
Principal Occupation	I	Bridgeport Name of Employe		CI	00004
Lead cook			a ull Marriott		
		Is contributor a lo		Amoi	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	07/	09/2014	\$20.00		\$20.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Fajardo		Felipe		D	0326
Residential Street Address	City			State	Zip Code
272 Fairfield Ave		Bridgeport		СТ	06604
Principal Occupation	•	Name of Employe	r	-	•
Waiter		A'Vucł	nela		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo	Vac	Amou	ant of Contribution
If you indicate which been shown shows of	0	dependent child of			
government the contract is with:			x _{No}		
Is this contribution associated with a for devicing super listed in facting 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	07/	09/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Tuzo		Wendy		М	0327
Residential Street Address	City			State	Zip Code
681 Jewett Ave	<u> </u>	Bridgeport		СТ	06606
Principal Occupation		Name of Employe			
unemployed		Unem			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child of	V	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with:	Dete	Desident 1			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X Cash Personal Check	07/	00/2014	¢5.00		¢E 00
If yes, list Event # Money Order Credit/Debit Card	0//	09/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Gardner	THSt	Andy		E	0328
Residential Street Address	City	Andy		State	Zip Code
681 Jewett	City	Bridgeport		CT	06606
Principal Occupation		Name of Employe	r		
Customer Service		Cable			
			bbyist, spouse, or	Amou	int of Contribution
Yes X N	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	07/	09/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card	1				

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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	First	_		MI	Contribution ID #
Hughes		Greg			0329
Residential Street Address	City			State	Zip Code
120 Morgan Ave	Bridgeport			СТ	06606
Principal Occupation	Name of Employer Isiah 611 House				
House manager Is contributor a principal of a state contractor or prospective state contractor?				Amount of Contribution	
Is contributor a principal of a state contractor or prospective state contractor?	dependent child of a lobbyist? Yes				
If yes, indicate which branch or branches of Executive Legislative		X No			
government the contract is with	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Dute	Received	Aggregate Controlations		
X No Cash Personal Check	07/0	09/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card	0//	572011	43.00		45.00
Last Name	First	First		MI	Contribution ID #
Gallenti		Jennifer			0323
Residential Street Address	City			State	Zip Code
323 Fairfield Ave		Bridgeport		СТ	06604
Principal Occupation		Name of Employer			
Server		A Vucchella			
Is contributor a principal of a state contractor or prospective state contractor?			Amount of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes					
If yes, indicate which branch or branches of government the contract is with:					
	Date	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1? Yes X Cash Personal Check					
	07/0	07/09/2014 \$50.00		\$50.00	
If yes, list Event # Money Order Credit/Debit Card Credit/Debit Card					
Last Name	ne First		MI	Contribution ID #	
Hurst		Alan			0413
Residential Street Address	City	City		State	Zip Code
1 Spice Hill Dr	East Hampton		СТ	06424	
Principal Occupation	Name of Employer				
CFO	Hermell Products INC				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
If yes, indicate which branch or branches of	· · · · · · · · · · · · · · · · · · ·				
government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	07/0	09/2014	\$36.00		\$36.00
Last Name	First	. .		MI	Contribution ID #
Allen	~	Jessica		~	0410
Residential Street Address	City	D : 1		State	Zip Code
49 Sidney St	Bridgeport		СТ	06606	
Dipal Occupation Name of Employer New Business Coordinator Charter Oak Financial					
New Business Coordinator Charter Oak Financial				Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?			Amount of Contribution		
If yes, indicate which branch or branches of	ate which branch or branches of				
government the contract is with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date				
No Cash Personal Check	07/	09/2014	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card			\$J0.00		400.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT			
Elect Scott Hughes			Itemized Statement accompan	iying applicat	ion for Public	
Grant - Original B. Itemized Contributions from Individuals						
Last Name	First	liviuuais		MI	Contribution ID #	
Sutton	FIISt	Allison		IVII	0409	
Residential Street Address	City	Allison		State	Zip Code	
6633 Elysian Fields Ave	City	New Orleans	2	LA	70122	
Principal Occupation	<u> </u>	Name of Employe			70122	
Asst. to the President CEO			a Business Alliance			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo	Vac	Amou	int of Contribution	
If yes, indicate which branch or branches of		dependent child of	x No			
government the contract is with:						
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
Cash Personal Check						
If yes, list Event #	07/	09/2014	\$50.00		\$50.00	
Last Name	First			MI	Contribution ID #	
Racine		Jessica			0411	
Residential Street Address	City			State	Zip Code	
105 Milford Point Rd .		Milford		СТ	06460	
Principal Occupation		Name of Employe				
Teacher		_	port Public Schools	i .		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child of	Vac	Amou	int of Contribution	
If yes, indicate which branch or branches of Executive Legislative			× No			
government the contract is with: Legislative Legislative	Dete	Received				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
Cash Personal Check	07/	00/2014	¢25.00		42E 00	
If yes, list Event # Money Order X Credit/Debit Card	07/	09/2014	\$25.00		\$25.00	
Last Name	First			MI	Contribution ID #	
Sweeny		Regina			0412	
Residential Street Address	City			State	Zip Code	
106 Sport Hill Rd	,	Bridgeport		СТ	06612	
Principal Occupation	<u> </u>	Name of Employe	r			
Attorney		Unem	ployed			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	obbyist, spouse, or	Amou	int of Contribution	
	D	dependent child of	•			
If yes, indicate which branch or branches of government the contract is with:			X No			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
If yes, list Event #	07/	09/2014	\$10.00		\$10.00	
					I	
Last Name	First			MI	Contribution ID #	
Chodos		Laura			0414	
Residential Street Address	City			State	Zip Code	
768 N Broadway	L	Saratoga Spri		NY	12866	
Principal Occupation		Name of Employe				
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire Is contributor a lo	hladist and an an	Amor	int of Contribution	
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	Vac	2 41100		
If yes, indicate which branch or branches of Executive Legislative			X No			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
X No Cash Personal Check	07/	09/2014	\$75.00		\$75.00	
If yes, list Event # Money Order X Credit/Debit Card	I É					

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I. MONETARY RECEIPT	'S (Se	ction A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT		
Elect Scott Hughes			Itemized Statement accompan	iying applicat	tion for Public
			Grant - Original		
B. Itemized Contributions from	m Indi	ividuals			-
Last Name	First			MI	Contribution ID #
Rivera		Mary Kathlee	en		0415
Residential Street Address	City			State	Zip Code
129 Alsace St		Bridgeport		СТ	06604
Principal Occupation		Name of Employ	er		•
Special Education Advocate		Unem	ployed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution
	0	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date I	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	07/0	9/2014	\$10.00		\$10.00
If yes, list Event # Money Order X Credit/Debit Card	0770	5/2014	\$10.00		\$10.00
Last Name	First			MI	Contribution ID #
	riist	Detaile		IVII	
Wojahn	<i>a</i> :-	Patrick		a	0416
Residential Street Address	City			State	Zip Code
5015 Lackawanna St	L	College Park		MD	20740
Principal Occupation		Name of Employ			
Lobbyist			to Trails Conservatory	-	
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of the second seco		dependent child of			
government the contract is with:			x _{No}		
Is this contribution associated with a fundamining source listed in Section 112 Yes	Date I	Received	Aggregate Contributions		
X No	07/0	9/2014	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Caro		Carol			0417
Residential Street Address	City			State	Zip Code
1264 Beaco St		Brookline		МА	02446
Principal Occupation	<u>н</u> т	Name of Employ	er		
Librarian		Retire			
			obbyist, spouse, or	Amo	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	V		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Data I	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1?	Date I	Received	Aggregate Contributions		
X No Cash Personal Check	07/0	0/2014	+F0.00		+F0 00
If yes, list Event # Money Order X Credit/Debit Card	07/0	9/2014	\$50.00		\$50.00
			-		a
Last Name	First			MI	Contribution ID #
Kovac		Marcella			0418
Residential Street Address	City			State	Zip Code
264 Broad St	L	Bridgeport		СТ	06604
Principal Occupation		Name of Employ	er		
Designer		The B	ananaland		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution
	U	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Method of contribution:	Date I	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
No Cash Personal Check	07/1	.0/2014	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card	"''		4 50.00		400100

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L MONETARY RECEIPT	'S (Se	ection A-D				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT			
Elect Scott Hughes			Itemized Statement accompanying application for Public			
B. Itemized Contributions from	n Ind	lividuals	Grant - Original			
Last Name	First	lividuals		MI	Contribution ID #	
Burns- Howard	FIISt	Roberta		IVII	0420	
Residential Street Address	City	Roberta		State	Zip Code	
184 Harborview Ave	City	Bridgeport		CT	06605	
Principal Occupation	<u> </u>	Name of Employe	or .	CI	00003	
Retired		Retire				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo	Vac	Amou	int of Contribution	
If yes, indicate which branch or branches of	~	dependent child of				
government the contract is with:			x _{No}			
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions			
If yes, list Event #	07/3	10/2014	\$50.00		\$50.00	
Last Name	First			MI	Contribution ID #	
McAllister		Eugenia			0421	
Residential Street Address	City			State	Zip Code	
2819 Bellevue		Augusta		GA	30909	
Principal Occupation		Name of Employe	er			
Librarian		State	of Georgia			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	obbyist, spouse, or	Amou	int of Contribution	
	D	dependent child of	f a lobbyist? Yes			
If yes, indicate which branch or branches of government the contract is with:			x _{No}			
	Date	Received	Aggregate Contributions			
Is this contribution associated with a fundraising event listed in Section J1?						
X No Cash Personal Check	07/:	10/2014	\$15.00		\$15.00	
If yes, list Event # Money Order X Credit/Debit Card		-, -				
Last Name	First			MI	Contribution ID #	
Squillace		Liz			0422	
Residential Street Address	City			State	Zip Code	
1042 Broad St # 210		Bridgeport		СТ	06604	
Principal Occupation	<u> </u>	Name of Employe	er.			
Artist		Parado				
		Is contributor a lo		Amor	int of Contribution	
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child of	- V	111100		
If yes, indicate which branch or branches of Executive Legislative			x _{No}			
government the contract is with:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?	Dute	Received	Aggregate contributions			
No Cash Personal Check	07/-	10/2014	\$20.00		\$20.00	
If yes, list Event # Money Order X Credit/Debit Card	077.	10/2014	\$20.00		\$20.00	
Last Name	First			М	Contribution ID #	
	FIISt	Cath avia		MI	Contribution ID #	
Marinelli	<i>C</i> 1	Catherine		Gi i	0423	
Residential Street Address	City	-		State	Zip Code	
2761 Valentina St	L	Denver		CO	80238	
Principal Occupation		Name of Employe				
Principal			Results			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child of	bbyist, spouse, or Second Seco	Amou	int of Contribution	
If yes, indicate which branch or branches of		acpendent ennu 0	-			
government the contract is with:			X No			
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions			
If yes, list Event #	07/:	10/2014	\$35.00		\$35.00	

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L. MONETARY RECEIPT	'S (Se	ection A-I)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT				
Lieu beou Hughes				emized Statement accompanying application for Public Grant - Original			
B. Itemized Contributions from Individuals							
Last Name	First			MI	Contribution ID #		
Lopez		Erica			0424		
Residential Street Address	City			State	Zip Code		
345 Burnsford Ave		Bridgeport		СТ	06606		
Principal Occupation		Name of Employe	er				
Social Worker		FSW					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child o	bbbyist, spouse, or	Amou	int of Contribution		
If yes, indicate which branch or branches of		dependent child o	· .				
government the contract is with:							
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
Cash Personal Check	07/	10/2014	±10.00		¢10.00		
If yes, list Event #	077.	10/2014	\$10.00		\$10.00		
Last Name	First			MI	Contribution ID #		
Brodie	1 1130	Kirk		L	0451		
Residential Street Address	City	NII K		State	Zip Code		
839 Platt St	eny	Bridgeport		СТ	06606		
Principal Occupation	<u> </u>	Name of Employe	er		00000		
· F., · · · · F., ·		N/A					
Is contributor a principal of a state contractor or prospective state contractor?		-	obbyist, spouse, or	Amou	int of Contribution		
	0	dependent child o	f a lobbyist? Yes				
If yes, indicate which branch or branches of government the contract is with:			X No				
Is this contribution associated with a fundration of the second s	Date	Received	Aggregate Contributions				
If yes, list Event #	07/3	10/2014	\$5.00		\$5.00		
					•		
Last Name	First			MI	Contribution ID #		
Stevenson Brodie		Kirshaiah		D	0453		
Residential Street Address	City			State	Zip Code		
839 Platt St		Bridgeport		СТ	06606		
Principal Occupation		Name of Employe	er				
Is contributor a principal of a state contractor or prospective state contractor?		N/A	obbyist, spouse, or	A.m.o.	int of Contribution		
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child o		Allot	ant of Contribution		
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
government the contract is with:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
X Cash Personal Check	07/3	10/2014	\$5.00		\$5.00		
If yes, list Event # Money Order Credit/Debit Card							
Last Name	First			MI	Contribution ID #		
Stevenson		Kimberly		R	0454		
Residential Street Address	City			State	Zip Code		
839 Platt St		Bridgeport		СТ	06606		
Principal Occupation		Name of Employe	er	_			
		N/A U	nemployed				
Is contributor a principal of a state contractor or prospective state contractor?	0		bbbyist, spouse, or Yes	Amou	int of Contribution		
If yes, indicate which branch or branches of		dependent child o	a lobbyist?				
government the contract is with:		<u> </u>	X No				
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
Initializing event listed in Section 31? X No X Cash Personal Check	a= -				+5.00		
If yes, list Event # Money Order Credit/Debit Card	07/3	10/2014	\$5.00		\$5.00		

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L MONETARY RECEIPT	'S (Se	ection A-I)					
			TYPE OF REPORT				
Elect Scott Hughes			Itemized Statement accompanying application for Public				
Grant - Original B. Itemized Contributions from Individuals							
Last Name	First			MI	Contribution ID #		
Cassidy	1 11 30	Edith		1VII	0419		
Residential Street Address	City	Luiti		State	Zip Code		
245 Ellsworth St	City	Bridgeport		CT	06605		
Principal Occupation		Name of Employe	r		00003		
Instructor			on the Move				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	Vac	Amou	ant of Contribution		
If yas, indicate which branch or branches of	5	dependent child of					
government the contract is with:			X No				
Is this contribution associated with a fundraising event listed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
If yes, list Event #	07/3	10/2014	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Furie		Noel			0334		
Residential Street Address	City			State	Zip Code		
295 Linwood Ave		Bridgeport		СТ	06604		
Principal Occupation		Name of Employe	r	-			
Owner/chef		Bloodr	oot				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	bbyist, spouse, or Yes	Amou	unt of Contribution		
	5	dependent child of					
If yes, indicate which branch or branches of government the contract is with:			x No				
Is this contribution associated with a fundraising event listed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
If yes, list Event #	07/3	10/2014	\$10.00		\$10.00		
Last Name	First			MI	Contribution ID #		
Testani		Michael		J	0333		
Residential Street Address	City			State	Zip Code		
376 Anton Dr		Bridgeport		СТ	06606		
Principal Occupation		Name of Employe	r				
Administrator		Bpt. B	d of Education				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo		Amou	unt of Contribution		
If yes, indicate which branch or branches of	5	dependent child of					
government the contract is with:			x _{No}				
Is this contribution associated with a fraction UP Yes	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
If yes, list Event #	07/3	10/2014	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Petrocelli		Yolanda			0336		
Residential Street Address	City			State	Zip Code		
Artspace 1042 Broad St # 26		Bridgeport		СТ	06604		
Principal Occupation		Name of Employe	r				
Artist		Yomes	stiza				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	Vac	Amou	ant of Contribution		
If yes, indicate which branch or branches of	~	dependent child of	a lobbyist?				
government the contract is with:			x _{No}				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
If yes, list Event #	07/3	10/2014	\$5.00		\$5.00		

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I. MONETARY RECEIPT	'S (Se	ection A-I)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT				
Elect Scott Hughes			Itemized Statement accompan	iying applicat	ion for Public		
Grant - Original Grant - Original B. Itemized Contributions from Individuals							
Last Name	First			MI	Contribution ID #		
Marte	1 1100	Digna		A	0337		
Residential Street Address	City	Digita		State	Zip Code		
915 S Avenuw		Bridgeport		СТ	06605		
Principal Occupation		Name of Employe	r				
Teacher			aven Board of Ed				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	Vac	Amou	int of Contribution		
If yas indicate which branch or branches of	0	dependent child of	a lobbyist?				
government the contract is with:			x _{No}				
Is this contribution associated with a for devicing super-listed in Section 119 Yes	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
If yes, list Event #	07/3	10/2014	\$75.00		\$75.00		
Last Name	First			MI	Contribution ID #		
Masluk		Alex			0338		
Residential Street Address	City			State	Zip Code		
3079 Main St		Bridgeport		СТ	06606		
Principal Occupation		Name of Employe	r				
Tuxedo Rental		Alexar	nders Tuxedo				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo	Vac	Amou	int of Contribution		
If yes, indicate which branch or branches of	0	dependent child of					
government the contract is with:			x _{No}				
Is this contribution associated with a for devicing super listed in facting 112 Yes	Date	Received	Aggregate Contributions				
If yes, list Event #	07/3	10/2014	\$20.00		\$20.00		
	I I				l		
Last Name	First			MI	Contribution ID #		
Connery		Kevin		Р	0331		
Residential Street Address	City			State	Zip Code		
702 Brewster St		Bridgeport		СТ	06605		
Principal Occupation		Name of Employe					
Salesman			larketing				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child of		Amou	int of Contribution		
If yes, indicate which branch or branches of Executive Legislative		dependent ennu er	x No				
government the contract is with:		D 1 1					
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
X No Cash Personal Check	07/	10/2014	+F0.00		+F0 00		
If yes, list Event # Money Order Credit/Debit Card	077.	10/2014	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Ingram	Filst	Ayisha		IVII	0330		
Residential Street Address	City	Аутапа		State	Zip Code		
174 B Yarmich Dr .	City	Bridgeport		CT	06606		
Principal Occupation	L	Name of Employe	r				
		Unem					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	bbyist, spouse, or	Amou	int of Contribution		
Yes X N	0	dependent child of	f a lobbyist? Yes				
If yes, indicate which branch or branches of government the contract is with:			x _{No}				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
	07/3	10/2014	\$5.00		\$5.00		
If yes, list Event # Money Order Credit/Debit Card	1			I			

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L MONETARY RECEIPT	'S (Se	ection A-D				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT			
Elect Scott Hughes			Itemized Statement accompanying application for Public			
B. Itemized Contributions from		1	Grant - Original			
	1			1		
Last Name	First			MI	Contribution ID #	
White		Rowena		L	0332	
Residential Street Address	City	B · I · ·		State	Zip Code	
2675 Park Ave # 7		Bridgeport		СТ	06604	
Principal Occupation		Name of Employe				
Sales Manager			isseur Media		int of Contribution	
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child of	Vac	Amot	int of Contribution	
If yes, indicate which branch or branches of Executive Legislative			x _{No}			
government the contract is with:	Data	Received	Aggregate Contributions			
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
X No Cash Personal Check	07/	10/2014	\$50.00		\$50.00	
If yes, list Event # Money Order Credit/Debit Card	077	10/2014	\$30.00		\$30.00	
Last Name	First			MI	Contribution ID #	
Sullivan	1 1130	Robert		1VII	0335	
Residential Street Address	City	Robert		State	Zip Code	
64 Fox St	City	Bridgeport		CT	06605	
Principal Occupation		Name of Employe	r	CI	00005	
Journalist			port Banner			
		Is contributor a lo	-	Amor	int of Contribution	
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac	111100		
If yes, indicate which branch or branches of Executive Legislative			X No			
government the contract is with:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
X No Cash Personal Check	07/	10/2014	\$20.00		\$20.00	
If yes, list Event # Money Order Credit/Debit Card	0,7	10/2011	<i>4</i> 20100		420100	
Last Name	First			MI	Contribution ID #	
Reyes		Zoraida			0339	
Residential Street Address	City			State	Zip Code	
1219 E Main St		Bridgeport		СТ	06608	
Principal Occupation		Name of Employe	r			
Manager		Check	Cashing & More			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	bbyist, spouse, or	Amou	int of Contribution	
	0	dependent child of	f a lobbyist? Yes			
If yes, indicate which branch or branches of government the contract is with:			x _{No}			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
	07/	11/2014	\$50.00		\$50.00	
If yes, list Event # Money Order Credit/Debit Card						
Last Name	First			MI	Contribution ID #	
Reyes		Angel			0340	
Residential Street Address	City			State	Zip Code	
1219 E Main St		Bridgeport		СТ	06608	
Principal Occupation		Name of Employe	r			
Self employed		TP & C	CS LLC			
Is contributor a principal of a state contractor or prospective state contractor?			bbyist, spouse, or	Amou	int of Contribution	
	υ	dependent child of	-			
If yes, indicate which branch or branches of government the contract is with:			x _{No}			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1		
fundraising event listed in Section J1? Yes						
If yes, list Event #	07/	11/2014	\$100.00		\$100.00	
	1					

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L MONETARY RECEIPT	'S (Se	ection A-D				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	. (-	,	TYPE OF REPORT			
Elect Scott Hughes			Itemized Statement accompan	iying applicat	ion for Public	
B. Itemized Contributions from		P	Grant - Original			
		lividuals				
Last Name	First	_		MI	Contribution ID #	
Reyes		Jovanny			0341	
Residential Street Address	City			State	Zip Code	
1219 E Main St		Bridgeport		СТ	06608	
Principal Occupation		Name of Employe				
Porter & Chester Institute		Studer				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child of	Vac	Amot	int of Contribution	
If yes, indicate which branch or branches of reversement the contract is with:		Ĩ	× No			
government the contract is with:	Data	Received	Aggregate Contributions			
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
X No Cash Personal Check	07/	11/2014	\$20.00		\$20.00	
If yes, list Event # Money Order Credit/Debit Card	077.	11/2014	\$20.00		\$20.00	
Last Name	First			MI	Contribution ID #	
Phane	1 1100	Dennis			0343	
Residential Street Address	City	Dennis		State	Zip Code	
76 Yale St	eny	Bridgeport		СТ	06605	
Principal Occupation	L	Name of Employe	r		00003	
Security			Security IIc			
		Is contributor a lo		Amou	int of Contribution	
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac			
If yes, indicate which branch or branches of government the contract is with:			X No			
	Date	Received	Aggregate Contributions			
Is this contribution associated with a fundraising event listed in Section J1?						
X No Cash Personal Check	07/3	11/2014	\$20.00		\$20.00	
If yes, list Event # Money Order Credit/Debit Card						
Last Name	First			MI	Contribution ID #	
Daniels		Kalisha		А	0362	
Residential Street Address	City			State	Zip Code	
58 Linwood Ave		Fairfield		СТ	06824	
Principal Occupation		Name of Employe	r			
Nanny		Christe	opher Mahan			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo		Amou	int of Contribution	
If yes, indicate which branch or branches of	0	dependent child of				
government the contract is with:	_		× No			
Is this contribution associated with a for devicing space line for the line for th	Date	Received	Aggregate Contributions			
If yes, list Event #	07/3	11/2014	\$50.00		\$50.00	
					1	
Last Name	First			MI	Contribution ID #	
Cabrera		Amy		М	0342	
Residential Street Address	City			State	Zip Code	
385 Mary Ave	Ι	Stratford		СТ	06614	
Principal Occupation		Name of Employe				
Market CEO			Lair Entertainment			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child of	Vac	Amou	int of Contribution	
If yes, indicate which branch or branches of			× No			
government the contract is with:		Dessity 1				
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
X No Cash Personal Check	07/	11/2014	#100 00		¢100.00	
If yes, list Event # Money Order Credit/Debit Card		11/2014	\$100.00		\$100.00	

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L MONETARY RECEIPT	S (Se	ection A-D					
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	First			MI	Contribution ID #		
Jeffries		Henrietta			0439		
Residential Street Address	City			State	Zip Code		
794 Norman St		Bridgeport		СТ	06605		
Principal Occupation		Name of Employe	r				
Library Asssistant		City of	f Bridgeport				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a lo	Vac	Amou	int of Contribution		
If yes, indicate which branch or branches of		dependent child of	x No				
government the contract is with:							
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
X Cash Personal Check							
If yes, list Event # Money Order Credit/Debit Card	07/3	11/2014	\$30.00		\$30.00		
					0 . 1		
Last Name	First			MI	Contribution ID #		
Eaddy		Nykia		~	0425		
Residential Street Address	City			State	Zip Code		
794 Norman St		Bridgeport		СТ	06605		
Principal Occupation		Name of Employe					
Jr. Librarian		_	port Public Library	A	unt of Constribution		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo dependent child of	Vac	Amot	int of Contribution		
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
government the contract is with:	Data	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
No Cash Personal Check	07/	11/2014	\$25.00		\$25.00		
If yes, list Event # Money Order X Credit/Debit Card	0//	11/2014	\$25.00		\$23.00		
Last Name	First			MI	Contribution ID #		
Medina		Maximino			0426		
Residential Street Address	City			State	Zip Code		
140 Hickory St		Bridgeport		СТ	06610		
Principal Occupation		Name of Employe	r				
Attorney		Zedels	, Needle & Cooper P.C.				
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a lo		Amou	int of Contribution		
If yes, indicate which branch or branches of)	dependent child of					
government the contract is with:			× No				
Is this contribution associated with a fraction UP Yes	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
If yes, list Event #	07/3	11/2014	\$100.00		\$100.00		
	F ² (19			
Last Name	First			MI	Contribution ID #		
Beene Residential Street Address	City	Vickie		State	0427 Zin Code		
1225 Fairburn Rd SW	City	Atlanta		GA	Zip Code 30331		
Principal Occupation	l	Atlanta Name of Employe	r		30331		
Librarian			r University				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	bbyist, spouse, or	Amou	int of Contribution		
Yes X No	0	dependent child of	f a lobbyist? Yes				
If yes, indicate which branch or branches of government the contract is with:			X No				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
If yes, list Event #	07/3	11/2014	\$20.00		\$20.00		

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L MONETARY RECEIPT	'S (Se	ection A-D				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT			
Elect Scott Hughes			Itemized Statement accompan	anying application for Public		
B. Itemized Contributions from			Grant - Original			
	1	ividuals		1		
Last Name	First			MI	Contribution ID #	
Nachem		Matthew			0428	
Residential Street Address	City			State	Zip Code	
1075 1st Ave # 6F		New York		NY	10022	
Principal Occupation		Name of Employe				
Pricing Manger			ew York Times	A.m.o.	ant of Contribution	
Is contributor a principal of a state contractor or prospective state contractor?	D	Is contributor a lo dependent child o	Vac	Alliot	int of Contribution	
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}			
government the contract is with:	Data	Received	Aggregate Contributions			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
X No Cash Personal Check	07/1	11/2014	¢50.00		¢50.00	
If yes, list Event # Money Order X Credit/Debit Card	07/1	11/2014	\$50.00		\$50.00	
Last Name	First			MI	Contribution ID #	
Anderson	FIISt	Eldorado		IVII	0429	
Residential Street Address	City	Eldorado		State	Zip Code	
	City	Duideeset				
1400 Stratford Ave	<u> </u>	Bridgeport		СТ	06607	
Principal Occupation		Name of Employe				
Educator			s Academy			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child o	Vac	Amou	int of Contribution	
If yes, indicate which branch or branches of			· .			
government the contract is with:						
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
X No Cash Personal Check						
If yes, list Event # Money Order X Credit/Debit Card	07/1	11/2014	\$50.00		\$50.00	
Last Name	First			MI	Contribution ID #	
Braziel	<i>a</i> :-	Mark		6 1.1	0430	
Residential Street Address	City			State	Zip Code	
295 Meadowbrook Rd	<u> </u>	Stratford		СТ	06614	
Principal Occupation		Name of Employe				
Maintenance			f Bridgeport Housing Authori	1		
Is contributor a principal of a state contractor or prospective state contractor?	D	Is contributor a lo dependent child o	bbyist, spouse, or Second Seco	Amou	ant of Contribution	
If yes, indicate which branch or branches of		dependent ennu e	x No			
government the contract is with:						
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
X No Cash Personal Check						
If yes, list Event # Money Order X Credit/Debit Card	07/1	11/2014	\$50.00		\$50.00	
Last Name	First			MI	Contribution ID #	
Young		Leisha			0431	
Residential Street Address	City			State	Zip Code	
622 Arrowhead Dr .	L	Orange		СТ	06477	
Principal Occupation		Name of Employe				
Owner			's Bakeria			
Is contributor a principal of a state contractor or prospective state contractor?	D	Is contributor a lo dependent child o	bbbyist, spouse, or Sector Yes	Amou	int of Contribution	
If yes, indicate which branch or branches of		acpendent child 0	a lobbyist?			
government the contract is with:		,	X No			
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions			
If yes, list Event #	07/1	11/2014	\$20.00		\$20.00	

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I. MONETARY RECEIPT	'S (Se	ection A-D				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT			
Elect Scott Hughes			Itemized Statement accompan	anying application for Public		
B. Itemized Contributions from	m Ind	ividuale	Grant - Original			
	-	liviuuais		1.0		
Last Name	First	01		MI	Contribution ID #	
Streeter	<i>a</i> :	Olga		<i>a</i>	0433	
Residential Street Address	City			State	Zip Code	
22 Temple St	L	Stratford		СТ	06615	
Principal Occupation Nurse		Name of Employe	^r on Chronic and Convalescen	t Hospital		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	bbyist, spouse, or	Amo	unt of Contribution	
	0	dependent child of	-			
If yes, indicate which branch or branches of government the contract is with:			x _{No}			
	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
X No Cash Personal Check	07/:	11/2014	\$25.00		\$25.00	
If yes, list Event # Money Order X Credit/Debit Card	. ,	, -	1			
Last Name	First			MI	Contribution ID #	
Basset	1 1.50	Pearce		ĸ	0432	
Residential Street Address	City	rearce		State	Zip Code	
257 Ferndale Ave	City	Stratford		CT	06614	
Principal Occupation	L	Name of Employe	*	СГ	00014	
IT Professional			United Bank	A	unt of Contribution	
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child of	Vac	Ато	unt of Contribution	
If yes, indicate which branch or branches of			X No			
government the contract is with:		D 1 1				
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
X No Cash Personal Check						
If yes, list Event # Money Order X Credit/Debit Card	07/:	11/2014	\$50.00		\$50.00	
Last Name	First			MI	Contribution ID #	
Hilliard		Cynthia		н	0440	
Residential Street Address	City			State	Zip Code	
161 Ellsworth St Apt 8		Bridgeport		СТ	06605	
Principal Occupation		Name of Employe				
Library Assistant			fBridgeport			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child of	V V.	Amo	unt of Contribution	
If yes, indicate which branch or branches of		dependent crind of				
government the contract is with:			X No			
Is this contribution associated with a function where the function of the fun	Date	Received	Aggregate Contributions			
If yes, list Event #	07/:	11/2014	\$10.00		\$10.00	
Last Name	First			MI	Contribution ID #	
Perez		Gloria			0434	
Residential Street Address	City			State	Zip Code	
332 Berwick Ave		Fairfield		СТ	06825	
Principal Occupation		Name of Employe	r			
		Unem	ployed			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	bbyist, spouse, or	Amo	unt of Contribution	
	0	dependent child of	a lobbyist?			
If yes, indicate which branch or branches of government the contract is with:			x _{No}			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1		
fundraising event listed in Section J1?	1					
X No Cash Personal Check	07/	12/2014	\$75.00		\$75.00	
If yes, list Event # Money Order X Credit/Debit Card	1					

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L. MONETARY RECEIPT	'S (Se	ection A-D					
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	First	ii viiduutis		MI	Contribution ID #		
Freeman	1 1130	Deborah		1VII	0435		
Residential Street Address	City	Deboran		State	Zip Code		
106 Hancock Crossbrook	City	New Milford		CT	06776		
Principal Occupation		Name of Employe	r		00770		
Owner		. ,	do LLC				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	Vac	Amou	int of Contribution		
If yas indicate which branch or branches of	5	dependent child of	f a lobbyist?				
government the contract is with:			× No				
Is this contribution associated with a for devicing super listed in Section 112 Yes	Date	Received	Aggregate Contributions				
If yes, list Event #	07/	12/2014	\$25.00		\$25.00		
Last Name	First			MI	Contribution ID #		
Speer		Pat			0437		
Residential Street Address	City			State	Zip Code		
105 Pierce Ave		Bridgeport		СТ	06604		
Principal Occupation		Name of Employe	r				
Consultant			eer -Sole Proprietor				
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child of	Vac	Amou	int of Contribution		
If yes, indicate which branch or branches of		dependent child of	· —				
government the contract is with:		D 1 1					
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
Cash Personal Check	07/	12/2014	±10.00		+10.00		
If yes, list Event # Money Order X Credit/Debit Card	077	12/2014	\$10.00		\$10.00		
Last Name	First			MI	Contribution ID #		
Robinson	1 1100	Alicia			0436		
Residential Street Address	City	7		State	Zip Code		
87 Trowel St		Bridgeport		СТ	06607		
Principal Occupation	<u> </u>	Name of Employe	r				
Teacher			port board of education				
		Is contributor a lo	bbyist, spouse, or	Amou	int of Contribution		
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child of	V				
If yes, indicate which branch or branches of government the contract is with:			x No				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
If yes, list Event #	07/	12/2014	\$50.00		\$50.00		
If yes, list Event # Money Order X Credit/Debit Card							
Last Name	First			MI	Contribution ID #		
Anderson		Lisa			0363		
Residential Street Address	City			State	Zip Code		
105 B Karen Ct		Bridgeport		СТ	06606		
Principal Occupation		Name of Employe	r				
Computer Operator		City of	f Bridgeport				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo	Vac	Amou	int of Contribution		
If yes, indicate which branch or branches of	-	dependent child of	a lobbyist?				
government the contract is with:			× No				
Is this contribution associated with a fundamining struct listed in Section 112 Yes	Date	Received	Aggregate Contributions				
If yes, list Event #	07/	12/2014	\$10.00		\$10.00		

Page 49 of 67							
L. MONETARY RECEIPT	'S (Se	ection A-D					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT							
Elect Scott Hughes			Itemized Statement accompan	ying applicat	ion for Public		
Grant - Original B. Itemized Contributions from Individuals							
	1	lividuals					
Last Name	First			MI	Contribution ID #		
Rogers		Antionette		L	0364		
Residential Street Address	City			State	Zip Code		
197 Smith St Fl 3		Bridgeport		СТ	06607		
Principal Occupation Name of Employer Residential Counselor Whole Life Inc							
Residential Counselor							
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child of	Vac	Amou	int of Contribution		
If yes, indicate which branch or branches of coveryment the contract is with:		1	x _{No}				
government the contract is with:	Data	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
X No Cash Personal Check	07/-	13/2014	\$50.00		\$50.00		
If yes, list Event # Money Order Credit/Debit Card	077.	13/2014	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Hopkins	1 1130	Marvin		1011	0361		
Residential Street Address	City	Marvin		State	Zip Code		
90 Kent Ave	City	Bridgeport		CT	06610		
Principal Occupation	L	Name of Employe	r	CI	00010		
Installer		1 1	etwork				
		Is contributor a lo		Amor	int of Contribution		
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac	111100			
If yes, indicate which branch or branches of Executive Legislative			× No				
fundraising event listed in Section J1?							
X No Cash Personal Check	07/-	13/2014	\$5.00		\$5.00		
If yes, list Event # Money Order Credit/Debit Card			+		+		
Last Name	First			MI	Contribution ID #		
Crawford		Donna		L	0344		
Residential Street Address	City			State	Zip Code		
360 Palisade Ave Apt B3		Bridgeport		СТ	06610		
Principal Occupation		Name of Employe	r				
Certified Nurses Aid		St Jose	eph's Manor				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo		Amou	int of Contribution		
	0	dependent child of	·				
If yes, indicate which branch or branches of government the contract is with:			X No				
Is this contribution associated with a for day like the sector up of the s	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
If yes, list Event #	07/3	13/2014	\$10.00		\$10.00		
	<u> </u>			L			
Last Name	First			MI	Contribution ID #		
Walker		Naija			0458		
Residential Street Address	City			State	Zip Code		
430 Westwood Ave		Westwood		NJ	07675		
Principal Occupation		Name of Employe	r				
Teachers Aide		Westw	ood Regional School Distric	t			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo		Amou	int of Contribution		
If yes, indicate which branch or branches of	-	dependent child of	a lobbyist?				
government the contract is with:			x _{No}				
Is this contribution associated with a fundamining struct listed in Section 112 Yes	Date	Received	Aggregate Contributions				
If yes, list Event #	07/3	14/2014	\$25.00		\$25.00		

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L. MONETARY RECEIPT	'S (Se	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT					
Elect Scott Hughes			Itemized Statement accompan	iying applicat	ion for Public	
Grant - Original B. Itemized Contributions from Individuals						
Last Name	First	liviuuais		MI	Contribution ID #	
Moore	Filst	Ondrea		M	0441	
Residential Street Address	City	Onurea		State	Zip Code	
223 Lenox Ave	City	Bridgeport		CT	06605	
Principal Occupation		Name of Employe	r	СГ	00003	
Library Page City of Bridgeport						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child of	Vac	Amou	int of Contribution	
If yes, indicate which branch or branches of covernment the contract is with:		dependent child of	x No			
government the contract is with:	Data	Received	Aggregate Contributions			
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
X No Cash Personal Check	07/	14/2014	¢E 00		¢E 00	
If yes, list Event # Money Order Credit/Debit Card	077.	14/2014	\$5.00		\$5.00	
Last Name	First			MI	Contribution ID #	
Preston	1 1130	Trina		1VII	0442	
Residential Street Address	City	TTITId		State	Zip Code	
46 Crowther Ave	City	Bridgeport		CT	06605	
Principal Occupation	L	Name of Employe	r	CI	00005	
Library Assistant			f Bridgeport			
		Is contributor a lo		Amor	int of Contribution	
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac	111100		
If yes, indicate which branch or branches of Executive Legislative			X No			
government the contract is with:						
fundraising event listed in Section J1?			66 · 6 · · · · · · · · · ·			
X No Cash Personal Check	07/	14/2014	\$10.00		\$10.00	
If yes, list Event # Money Order Credit/Debit Card						
Last Name	First			MI	Contribution ID #	
Bibb		Scott			0462	
Residential Street Address	City			State	Zip Code	
14508 Swordale		Bristow		VA	20136	
Principal Occupation		Name of Employe	r			
Trademark Examining Attorney		USPTC)			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	bbyist, spouse, or	Amou	int of Contribution	
	0	dependent child of	•			
If yes, indicate which branch or branches of government the contract is with:			X No			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
If yes, list Event #	07/3	15/2014	\$25.00		\$25.00	
Last Name	First			MI	Contribution ID #	
Amado		Cheri			0461	
Residential Street Address	City			State	Zip Code	
402 Lyon Ter		Bridgeport		СТ	06604	
Principal Occupation		Name of Employe	r			
Egineer			y Aircraft			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo	Vac	Amou	int of Contribution	
If yes, indicate which branch or branches of		dependent child of	a lobbyist?			
government the contract is with:		,	X No			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
		- F (20) · ·			150.00	
If yes, list Event #	07/3	15/2014	\$50.00		\$50.00	

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	Ŀ	MONE	TARY RECEI	PTS (S	Section A-I)	_			
NAME OF COMMITTEE (Provide Com	olete Name as	Registere	d with Commissio	n)		TYPE O	F REPORT		
Elect Scott Hughes				Itemized State Grant - Origina		iying appli	cation for Public		
	B. 1	Itemized	Contributions	from In	dividuals				
Last Name				Fir	st			MI	Contribution ID #
Kingsley					Osei				0459
Residential Street Address				Cit	y			State	Zip Code
120 Huntington Tpke					Bridgeport			СТ	06610
Principal Occupation				-	Name of Employe	r		-	-
Social					CT. Ag	ainst Violence			
Is contributor a principal of a state contractor or prospect	ive state contracto	r?	Yes X	No	Is contributor a lo dependent child of		Yes	Aı	mount of Contribution
If yes, indicate which branch or branches of	Executive		Legislative				x _{No}		
government the contract is with: Is this contribution associated with a		f contributio	-	Dat	e Received	Aggregate Contrib		1	
fundraising event listed in Section J1?	/es								
If yes, list Event #	No Cash Mon	ey Order	Personal Check Credit/Debit Car	rd 07	/15/2014		\$20.00		\$20.00
Last Nama	•							м	Contribution ID #
Last Name				Fir				MI	Contribution ID #
Pfeifer					Devon			G	0460
Residential Street Address				Cit				State	Zip Code
3 North Ave					Weston			СТ	06883
Principal Occupation					Name of Employe				
Exec Sec		9			-	ennedy Center			
Is contributor a principal of a state contractor or prospect If yes, indicate which branch or branches of government the contract is with:	Executive	_	Yes X	No	Is contributor a lo dependent child of		Yes X	AI	mount of Contribution
Is this contribution associated with a	Method o	f contributio	n:	Da	e Received	Aggregate Contrib	utions		
fundraising event listed in Section J1?	/es								
	No Cash	ey Order	Personal Check Credit/Debit Car		/15/2014		\$40.00		\$40.00
If yes, list Event #		ey oldei		u I					
							Total of	Section B	\$6,384.00
TOTAL OF ALL CONTRIBUTION	S FROM INI	DIVIDUA	ALS (S	Sections .	(A + B) (Total	al on Line 14 of S	ummary Page)		\$6,384.00
	I.	MONE	TARY RECE	IPTS (S	Section A-I)				
NAME OF COMMITTEE (Provide Compl	ete Name as F	egistered	with Commission)			ТҮРІ	E OF RE	PORT
Elect Scott Hughes							Itemized Sta		companying Grant - Original
	C1. C	ontribut	ions from Other	· Comm	ittees				
Name of Committee					Name of Treasurer	:			
Address				Is this con	ribution associated wi	th a	Yes	No	Amount of Contribution
				fundraisi	ng event listed in Secti	on J1?			
					If yes, list Event #				
City		State	Zip Code	Date	Received	Aggregate Contr	ributions		
		1							

Total of Section C1

		Page 52 of 67					
I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE	TYPE OF REPORT						
Elect Scott Hughes	Itemized Statement accompanyi Public Grant - Original	ng application for					
C2. Reimbursements, Payments, or Surplus Distributions from other Committees							
Name of Committee			Name of Treasurer				
Address				Date Received	Amount of Receipt		
		-					
City	State	Zip Code	Reimbursement for	shared expense			
Payment for goods and services							
Total of Section C2							

I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE				TYPE (OF REPORT		
				Itemized Stat Public Grant	ement accompanyi - Original	ng application for	
D. Loans Received this Period							
Name of Lender		Source of Loan: Bank	Candidate	Individual	Other	Date of Receipt	
Street Address	City			State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (if applicable)	•			•		Amount Received	
Street Address	City			State	Zip Code		
Total of Section D							

I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE				ТҮРЕ С	PF REPORT		
Elect Scott Hughes					Itemized Statement accompanying application for Public Grant - Original		
E. Personal l	Funds of the Candidate Ro	eceived this Period (Candid	ate Committees ONLY)				
Date of Receipt	Method of Payment				Amount		
	Cash	Personal Check	Credit/Debit Card				
				Total of Section	E		

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I. Monetary Receipts (Section A-I)						
NAME OF COMMITTEE TYPE OF REPORT					Т	
Elect Scott Hughes				mized Statement accomp blic Grant - Original	anying application for	
G. Interest from Deposits in Authorized Accounts						
Name of Institution			Date Rece	ived	Amount	
Street Address City State				Zip Code		
Total of Section G						

I. MONETARY RECEIPTS (Section A-K)							
NAME OF COMMITTEE	TYPE OF REPORT						
Elect Scott Hughes	Elect Scott Hughes						
H. Public Grant Funds Received from the Citizens' Election Fund							
Purpose of Grant:	Grant Cycle:			Date Received	Amount		
Initial Grant Adjustment	Primary	General Election	Special Election				
Supplemental/Post Election Deficit							
				Total of Section H			

I. MONETARY RECEIPTS (Section A-K)						
NAME OF COMMITTEE		TYPE OF REPORT				
Elect Scott Hughes		Itemized Statement accompanying application for Public Grant - Original				
I. Miscellaneous Mone	etary Receipts not Considered Contril	butions				
Name			Date of	fTransaction	Amount Received	
Street Address	City	State		Zip Code		
Description						
				Total of Section I		

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II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)									
NAME OF COMMITTEE						TYPE OF	REPOF	RТ	
Elect Scott Hughes						Itemized Statement a for Public Grant - Ori	•	nying app	plication
	J1. Fundraising Event	Inform	ation						
Fundraising Event # Date of Fundraiser Letter 07/01/2014 F	Description Meet and Greet Event								
Location: Street Address 140 Fairfield Ave					City Bridgepor	t		State CT	Zip Code 06604
Was this fundraising event hosted at a personal resid	dence?	X	Yes No	if yes, go to Section J3 In- complete required inform invitations.					nd
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? X No									
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	x	Yes No	(If yes, enter Total Receip	pts here.)				\$0.00
					То	tal of Section J1			\$0.00

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REP	ORT	
FIELD SCOLL FILIPIES					Statement accom rant - Original	ipanying app	lication for
J3. In-Kind Donations Not Considered Contributions							
Name of the Donor							
Street Address			City			State	Zip Code
Donation Given by: Individual	Description of Donation						arket Value of Donation
Business Entity	Date Received	Event #		Aggregate value for thi	s event		
Sole Proprietorship							
Total of Section J3							

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III. NONMONETARY RECEIPTS (Sections K - M)

NAME OF COMMITTEE	TYPE OF REPORT
Lieu boott Hughes	Itemized Statement accompanying application for Public Grant - Original

K. In-Kind Contributions

Name					
Street Address			City	State	e 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?	contract	ibutor a principal of a state contractor or p k, indicate which branch or branches of vernment the contract is with:	-	Yes Fa No tislative	ir Market Value of this Contribution
Type of Contributor: Individual Committee	Sole Propr	Date Received	Aggregate contributi	ons	
		1	Total of Sec	tion K	

III. Non Monetary Receipts (Sections K - M)							
NAME OF COMMITTEE (Provide Complete Name as Registered v	vith (Commission)		TYPI	E OF RE	PORT	
Elect Scott Hughes				Itemized Stater Public Grant - (mpanying application for	
L. Refundable Deposit to) Tel	ephone Company					
Last Name of Individual		First Name		MI	Date I	Deposit Made	
Residential Street Address	Ci	ty	State	Zip Code		Amount of Deposit	
Name of Telephone company							
Street Address City State Zip Code							
Total of Section L							

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	RECEIPTS (S	ections K - MI)				
NAME OF COMMITTEE			TYPE OF REPORT			
			emized Statement accompa ublic Grant - Original	nying application for		
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee - OPTIONAL See Public Act 11-48						
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY) Name of Treasurer						
Street Address	Date Notice Received	Fair Market Value of Donation				
City State Zip Code			Aggregate Donations			
Description of Donation Purpose of Expendit						

А

В

С

D

Total of Section M

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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 State Public Grant -		ying application for		
	N. Expenses Paid By Co	ommitt	tee						
Name of Payee Tyisha Toms				Date of Pay 07/02/20			rment neck # <u>0095</u> ebit Card		
Street Address 25 Barclay St			City Bridgeport			State CT	Zip Code 06610		
Purpose of Expend FOOD	Description Read Artspace food & Drink						Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum 07012014F							\$55.34		
Name of Payee Tyisha Toms				Date of Pay 07/02/20			rment neck # <u>0096</u> ebit Card		
Street Address 25 Barclay St			City Bridgeport			State CT	Zip Code 06610		
Purpose of Expend FOOD	Description Food and beverage Tae's						Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No	Expendit (if applic		Event # 061220			\$49.54		
Name of Payee Date of Payment Stratford Hotel 07/02/2014						rment neck # <u>092</u> ebit Card			
Street Address City 225 Lordship Blvd Stratford					State CT	Zip Code 06615			
Purpose of Expend FOOD	Description Food and drink						Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes Expenditure # (if applicable) If yes, assign an Expenditure # and complete Itemization in Addendum 06192014C						\$100.00			

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IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE							
Elect Scott Hughes					Itemized State Public Grant -		ying application for
	N. Expenses Paid By Cor	mmittee					
Name of Payee Traci Burnell				Date of Payr 07/02/20			ment eeck # <u>0093</u> ibit Card
Street Address 664 Sedgewick Ave		Cit St	y ratford			State CT	Zip Code 06615
Purpose of Expend PRNT	Description Campaign Packet Materials						Amount
Is this expenditure coordinated with another candidate for Wes No Expenditure # Event # Event # (if applicable)						\$96.00	
Name of Payee Date of Payment Universal Printing 07/02/2014							ment eck # <u>0097</u> bit Card
Street Address 90 Tunxis Rd		Cit Fa	^y irfield			State CT	Zip Code 06824
Purpose of Expend A-SIGN	Description Banner						Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No	Expenditure if applicable		Event #	ŧ		\$64.87
Name of Payee Date of Payment Ton Rrapi/ Coldwell Banker 07/02/2014						ment neck # <u>0094</u> ebit Card	
Street Address City 2 Corporate Dr Trumbull				State CT	Zip Code 06611		
Purpose of Expend OVHD	Description Campaign Headquarters July rent						Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Expenditure # and complete Itemization in Addendum						\$1,788.36	

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IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Prov	TYPE	OF REPORT				
Elect Scott Hughes				Itemized State Public Grant -		iying application for
	N. Expenses Paid By Commi	ttee				
Name of Payee Melanie Jackson			Date of Payr 07/02/20			rment heck # <u>0100</u> ebit Card
Street Address 39 Mencel Cir		City Bridgeport			State CT	Zip Code 06610
Purpose of Expend FOOD	Description Food Tae's Lounge					Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum 06122014E						\$23.35
Name of Payee Melanie Jackson			Date of Payr 07/02/20			/ment heck # <u>0097</u> ebit Card
Street Address 39 Mencel Cir		City Bridgeport			State CT	Zip Code 06610
Purpose of Expend FOOD	Description Two Roads Pizza \$ Beer event					Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	liture # licable)	Event # 061720			\$79.66
Name of Payee Date of Payment Ambar Romero 07/02/2014						/ment neck # <u>0099</u> ebit Card
Street Address 242 Harrall Ave Apt 2L		^{City} Bridgeport			State CT	Zip Code 06608
Purpose of Expend PRNT	Description Color printing					Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Expenditure # and complete Itemization in Addendum						\$10.00

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IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Prov	OF REPORT					
Elect Scott Hughes				Itemized State Public Grant -		ying application for
	N. Expenses Paid By Comm	ittee			0	
Name of Payee Democracy Engine LLC		-	Date of Payr 07/02/20			rment neck # ebit Card
Street Address 850 Quincy St NW # 402		City Washington			State DC	Zip Code 20011
Purpose of Expend WEB	Description Merchant processing fees					Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event #	ŧ		\$25.80
Name of Payee Date of Payment Democracy Engine LLC 07/03/2014						rment neck # ebit Card
Street Address 850 Quincy St		City Washington			State DC	Zip Code 20011
Purpose of Expend WEB	Description Merchant account processing fees					Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event #	ŧ		\$18.66
Name of Payee Date of Payment Democracy Engine LLC 07/09/2014						rment neck # ebit Card
Street Address City 850 Quincy St Washington					State DC	Zip Code 20011
Purpose of Expend WEB	Description Merchant account processing fees					Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum						\$55.53

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	IV. EXPENDITURES (S	ections N - S)				
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			TYPE	OF REPORT	Г
Elect Scott Hughes				Itemized State Public Grant -	•	inying application for
	N. Expenses Paid By Comm	ittee				
Name of Payee Jerry's Printing			Date of Pay 07/10/20			ayment Check # <u>Cash</u> 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 a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if app	diture # licable)	Event #	¥		\$500.00
				Total o	f Section N	\$2,867.11

	IV.	EXPENDITURES (Sections N -	- S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE						E OF REPOR	T		
					Itemized Stater for Public Gran		iying applicatio	n	
	O. Expe	nses Paid By Candidate					•		
Name of Payee (Name of vendor	who candidate paid directly)			Date	of Payme	nt	Is Reimbursemer Yo		No
Street Address		City	State		Zip Cod	2		Amount	
Purpose of Expenditure (by code) Description Event #									
Total of Section O									

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	IV. EXPENDITURE	S (Sections N - S	S)			
NAME OF COMMITTEE (F	Provide Complete Name as Registered with (Commission)		TYPE OF I	REPORT	
Elect Scott Hughes				Itemized Statement ad Public Grant - Origina		application for
	P. Expenses Incurred on	Committee Credi	t Card			
Name of Issuing Institution			Type of Credit Card: Visa M Other	Master Card Discove	er	American Express
Name of Vendor					Date of Trar	nsaction
Street Address		C	lity		State	Zip Code
Purpose of Expenditure (by code)	Description					Amount
Is this expenditure coordinated w which reimbursement is sought? If yes, assign an Expenditure # ar	ith another candidate for nd complete Itemization in Addendum	Yes No	Expenditure # (if applicable)	Event #		
				Total of Section I	?	

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IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF					F REPORT		
Elect Scott Hughes					Itemized Statemen for Public Grant - C		ng application
	Q. Expenses Incurred By Committee but No	ot Paid	l During this Period	I			
Name of Creditor Miss Thelma's						Date Incurred 07/01/2014	
Street Address		City				State	Zip Code
140 Fairfield Ave		Bridg	eport			СТ	06610
Purpose of Expenditure (bv code) Description Food for event					Amount Incurred (Estimate or Actual)		
FOOD							
Is this expenditure coordinated reimbursement is sought?	with another candidate for which Yes		Expenditure # (if applicable)	Event #			
If yes, assign an Expenditure #	and completes Itemization in Addendum Q			07012	014F		\$75.00
Name of Creditor Melanie Jackson						Date Incurred 07/09/2014	
Street Address		City				State	Zip Code
39 Mencel Cir		Bridg	eport			СТ	06610
Purpose of Expenditure Description (bv code)					Amount Incurred (Estimate or Actual)		
WEB	Nation builder Monthly fee						
Is this expenditure coordinated reimbursement is sought?	with another candidate for which Yes No		Expenditure # (if applicable)	Event #			
If yes, assign an Expenditure # and completes Itemization in Addendum Q							\$19.00

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IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF					F REPORT	F REPORT	
Elect Scott Hughes					Itemized Statemen for Public Grant - C		ng application
	Q. Expenses Incurred By Committee but No	ot Paid	l During this Period	l			
Name of Creditor Louise P Gregory						Date Incurred 07/14/2014	
Street Address		City				State	Zip Code
2313 E Main St		Bridg	eport			СТ	06610
Purpose of Expenditure (bv code) Description OVHD Payment for cleaning of headquarters including supplies					Amount Incurred (Estimate or Actual)		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Event # (if applicable) 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		City				State	Zip Code
2313 E Main St		Bridg	eport			СТ	06610
Purpose of Expenditure (bv code) Description OVHD Payment for cleaning of headquarters					Amount Incurred (Estimate or Actual)		
Is this expenditure coordinated reimbursement is sought?	with another candidate for which Yes No		Expenditure # (if applicable)	Event #		•	
If yes, assign an Expenditure # and completes Itemization in Addendum Q						\$60.00	

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IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF					FREPORT		
Elect Scott Hughes					Itemized Statemen for Public Grant - C		ng application
	Q. Expenses Incurred By Committee but Not Paid During this Period						
Name of Creditor Maria Alteri					Date Incurred 07/15/2014		
Street Address City 1836 Noble Ave Bridgeport					State CT	Zip Code 06610	
Purpose of Expenditure (bv code) Description PRNT Brochure Copies					Amount Incurred (Estimate or Actual)		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Expenditure # and completes Itemization in Addendum Q Event # (if applicable) Event #					\$50.00		
Name of Creditor Maria Alteri						Date Incurred 07/15/2014	
Street Address 1836 Noble Ave		City Bridg	eport			State CT	Zip Code 06610
Purpose of Expenditure (bv code) Description Misc * Conference Room use					Amount Incurred (Estimate or Actual)		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Expenditure # and completes Itemization in Addendum Q Event # (if applicable)							\$120.00
Total of Section Q \$4						\$414.47	

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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							
R. Itemization of Reimbursements to Committee Workers and Consultants								
Last Name of Worker/Consultant	First	MI	Dat	e of Payment	Method of Payment			
					Check #			
					Debit Card			
Secondary Payee								

				-	
Street Address		City	City		
Purpose of Expenditure (by code)	Description				Amount
Is this expenditure coordinated with another candidate for Yes which reimbursement is sought? No		Expenditure # (if applicable)	Event #		
If yes, assign an Expenditure # and completes	Itemization in Addendum R				
			Total of Section R		

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				
S. Surplus Distribution of Equipment and Furniture							
Name of Recipient							
Street Address	City	State	Zip Code	Original Purchase Amount of Item			
Description of Item							
Total of Section S							

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