SEEC FORM 30

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



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COVER PAGE

1.NAME OF COMMITTEE						2. TYI	PE OF COMMITTEE	
Torres For State Rep. 129Th						x	Candidate Committee Exploratory Committee	
3. TREASURER NAME								
First John			MI E	Last Slater			Suffix	
4. TREASURER ADDRESS								
Street Address		City			State		Zip Code	
241 Wilson St		Bridge	eport		ст		06605	
5. ELECTION DATE	6. OFFICE SOUGHT (Con	mplete on	ly if Candidate	Committee)	1	7. DISTR	ICT NUMBER (if applicable	
02/24/2015	State Representative	e				R129		
8. CANDIDATE NAME (Complete only if Complete only if Comp	Candidate or Exploratory Co	mmittee	2)					
First			MI	Last			Suffix	
Enrique				Torres				
9. TYPE OF REPORT								
Itemized Statement accompanying	application for Publi	ic Gran	nt - Origina	I				
10. PERIOD COVERED								
	Beginning Date			Ending Date				
	01/09/2015	thru	ı	01/28/2015				
11. CERTIFICATION								
TI. 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.								
	John Chil			^-	/20/2015 7	,,02,2045		
Electronic Filing SIGNATURE	John Slater PRINT NAME OF THE	SIGNE	R		./ 29/2015 7 ATE CERTIFIED		•	
SIGNATURE	TRINT NAME OF THE	SIGNE	IX.	DF	TE CENTIFIED			
	LTV FOR FALSE STATES	-NT	DUNTO	- DV FINE NO	44 000 00	IDDICO	->-	
PENA	LIT FUK FALSE STATEME			E BY FINE NOT TO EXCEED AN ONE YEAR, OR BOTH.	, ≱1,υυυ, OK IM	IPK15UNM	IN I	

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					
Torres For State Rep. 129Th	Itemized Statement accompanying application	on 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	\$0.00						
14. Contributions received from Individuals (Section A and B)	\$4,926.00	\$4,926.00					
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00					
16. Other Monetary Receipts (Section D through I)	\$100.00	\$100.00					
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00					
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$5,026.00	\$5,026.00					
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$5,026.00	\$5,026.00					
20. Expenses Paid by Committee (Section N)	\$2,683.72	\$2,683.72					
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$2,342.28	\$2,342.28					
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00					
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00					
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00					
25. Receipts of Organization Expenditures (Section M) OPTIONAL	\$0.00	\$0.00					
26. Beginning Loan Balance	\$0.00						
26a. + Loans Received (Section D)	\$0.00	\$0.00					
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00					
26c Payments on Loan(s)	\$0.00	\$0.00					
26d. Total Outstanding Loan Amount	\$0.00						
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00					
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00					
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00						
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00						

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	I. MONETARY RECEIPT	S (Se	ection A-I)				
NAME OF COMMITTEE (Provide Complete N	Name as Registered with Commission)			TYPE OF REPORT			
Torres For State Rep. 129Th				1	Statement accompa	nying applicat	ion for Public
A. Total Contributions from Small Co	ontributors-Received this Perio	d O	NLY	Grant -	For Nonpartic	cipating Cand	lidates ONLY
	B. Itemized Contributions from	n Ind	lividuals				
Last Name		First				MI	Contribution ID #
Forster			John			Α	0001
Residential Street Address		City				State	Zip Code
166 Grovers Ave			Bridgeport			СТ	06605
Principal Occupation			Name of Employer	r			
Financial Management			Receiv	ables Exc	change		
Is contributor a principal of a state contractor or prospective state	contractor? Yes X No)	Is contributor a lo dependent child of		se, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:	Executive Legislative				x _{No}		
Is this contribution associated with a	Method of contribution:	Date	Received	Aggregate	Contributions		
fundraising event listed in Section J1?	Cash X Personal Check						
X No	Cusii Cisonai cineek	01/	10/2015		\$100.00		\$100.00
If yes, list Event #	Money Order Credit/Debit Card					<u> </u>	
Last Name		First				MI	Contribution ID #
Tranfalia			Michael			L	0002
Residential Street Address		City				State	Zip Code
78 Anchorage Dr			Bridgeport				06605
Principal Occupation			Name of Employer	ſ		•	•
Director			Cushm	an and W	Vakefield		
Is contributor a principal of a state contractor or prospective state	contractor?)	Is contributor a lo		se, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of			dependent child of	a lobbyist?	x No		
government the contract is with:	Executive Legislative Method of contribution:	Doto	Received	Agaragata		-	
fundraising event listed in Section J1?	Method of contribution.	Date	Received	Aggregate	Contributions		
If yes, list Event #	Cash X Personal Check Money Order Credit/Debit Card	01/	10/2015		\$100.00		\$100.00
Last Name		First				MI	Contribution ID #
Dartley			Kenneth			J	0003
Residential Street Address		City				State	Zip Code
87 Olmstead Hill Rd			Wilton			СТ	06897
Principal Occupation			Name of Employer	r		!	!
			Retired				
Is contributor a principal of a state contractor or prospective state	contractor?)	Is contributor a lo		se, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	Executive Legislative		dependent child of	a 1000y1st?	x No		
government the contract is with:	Method of contribution:	Date	Received	Aggregate	Contributions	-	
fundraising event listed in Section J1?				-00-08410			
If yes, list Event #	Cash X Personal Check Money Order Credit/Debit Card	01/	10/2015		\$100.00		\$100.00
, 00, 1150 12 (0110 //	oney order credit/Debit Cald						

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (TYPE OF REPORT					
Torres For State Rep. 129Th Itemized Statement accompanying application for Public Grant - Original					ion for Public			
B. Itemized Contributions from	m Ind	lividuals	Grant - Original					
Last Name	First			MI	Contribution ID #			
Gorder		Christopher		L	0033			
Residential Street Address	City			State	Zip Code			
64 Sport Hill Pkwy		Easton		СТ	06612			
Principal Occupation	•	Name of Employ	er		•			
Administration		Chari	ty Global					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event fisted in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	10/2015	\$5.00		\$5.00			
Tryon, not brent in								
Last Name	First			MI	Contribution ID #			
Comer		Lawrence		R	0083			
Residential Street Address	City			State	Zip Code			
41 Hale Ter		Bridgeport		СТ	06610			
Principal Occupation		Name of Employ	er					
Tax Returns		H&R I	Block					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	<u></u>					
government the contract is with:			x _{No}					
Is this contribution associated with a Surdenising quant listed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? X Cash Personal Check								
If yes, list Event # Cash Credit/Debit Card	01/	11/2015	\$5.00		\$5.00			
					1			
Last Name	First			MI	Contribution ID #			
Chory		Lauretta			0071			
Residential Street Address	City			State	Zip Code			
26 Dale Rd	<u> </u>	Trumbull Name of Employ		СТ	06611			
Principal Occupation		1 7						
Financial Analyst Is contributor a principal of a state contractor or prospective state contractor?		·	es United Bank obbyist, spouse, or	Amou	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	о	dependent child of		Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			86 .8					
X No Cash X Personal Check	01/	12/2015	\$25.00		\$25.00			
If yes, list Event #		<i>'</i>						
Last Name	First			MI	Contribution ID #			
Filo		Colleen			0035			
Residential Street Address	City			State	Zip Code			
55 Homestead Ave		Bridgeport		СТ	06605			
Principal Occupation	•	Name of Employ	er		•			
RN		St. Vi	ncent's Medical Center					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
- IX								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	12/2015	\$25.00		\$25.00			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Torres For State Rep. 129Th			Itemized Statement accompan	ying applicat	ion for Public			
B. Itemized Contributions from	m Ind	lividuals	Grant - Original					
Last Name	First			MI	Contribution ID #			
McCarthy		Terry		J	0037			
Residential Street Address	City			State	Zip Code			
55 Homestead Ave		Bridgeport		СТ	06605			
Principal Occupation	•	Name of Employ	er	•	•			
Electricial		мом	Electric					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event fisted in Section 31:								
X No Total Control	01/	12/2015	\$25.00		\$25.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Pelletier		Timothy		R	0036			
Residential Street Address	City			State	Zip Code			
35 Old Battery Rd		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er					
Student		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Society 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	12/2015	\$25.00		\$25.00			
				<u> </u>				
Last Name	First			MI	Contribution ID #			
Zimov		Scott			0048			
Residential Street Address	City			State	Zip Code			
25 Jos Hill Rd		Trumbull		СТ	06611			
Principal Occupation		Name of Employ	er					
Service Delivery Manager			of America					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child (x No					
government the contract is with: Executive Legislative								
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Personal Check	01/	12/2015	45.00		4 F 00			
If yes, list Event # Money Order Credit/Debit Card	01/	12/2015	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Egri	FIISt	Karen		A	0049			
Residential Street Address	City	Raien		State	Zip Code			
1 Morningside Ter	City	Bridgeport		CT	06611			
Principal Occupation		Name of Employ	er		00011			
Corporate Training			anation Resources Incorporate	ed.				
			11.11		unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	1 111100				
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?			55 -5					
X No Cash Personal Check	01/	12/2015	\$25.00		\$25.00			
If yes, list Event #	l í		'	l				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Torres For State Rep. 129Th Itemized Statement accompanying application for Public Grant - Original					ion for Public			
B. Itemized Contributions from	m Ind	lividuals	Grant - Original					
Last Name	First			MI	Contribution ID #			
Roney		Stacey		К	0050			
Residential Street Address	City			State	Zip Code			
30 Norwalk Ter		Trumbull		СТ	06611			
Principal Occupation		Name of Employ	er					
		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyrst?					
government the contract is with:								
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Personal Check	04.	42/2045	+25.00		+25.00			
If yes, list Event # Money Order Credit/Debit Card	01/	12/2015	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Chiota	1 1130	Diane		T	0057			
Residential Street Address	City	Diane		State	Zip Code			
33 Iron Gate Rd	ا ا	Trumbull		СТ	06611			
Principal Occupation	!	Name of Employ	er					
homemaker		N/A						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	3	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tunidraising event instead in Section 71:								
If yes, list Event # Cash Credit/Debit Card	01/	12/2015	\$25.00		\$25.00			
I w	F: .			\ <i>a</i>	Louis B"			
Last Name Heilmann	First	Calabria		MI	Contribution ID # 0004			
Residential Street Address	City	Calabila		State	Zip Code			
89 Grovers Ave	City	Bridgeport		CT	06605			
Principal Occupation		Name of Employ	er					
		Self E	mployed					
Is contributor a principal of a state contractor or prospective state contractor?	_		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	3	dependent child of	or a robbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event risted in Section 31?								
If yes, list Event # Cash Personal Check No	01/	12/2015	\$75.00		\$75.00			
Last Name	First			MI	Contribution ID #			
Heilmann	FIISt	Neils		IVII	0005			
Residential Street Address	City	140113		State	Zip Code			
89 Grovers Ave	,	Bridgeport		CT	06605			
Principal Occupation		Name of Employ	er		,			
Investor		Millen	ium Operations					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	or a robbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Tunidialising event listed in Section 31:		42/2015			+75.00			
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	12/2015	\$75.00		\$75.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT						
Torres For State Rep. 129Th Itemized Statement accompanying application for Public Grant - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Best		Stephen		R	0007	
Residential Street Address	City			State	Zip Code	
350 Grovers Ave Unit 7H		Bridgeport		СТ	06605	
Principal Occupation Baseball Memorabilia Retailer		Name of Employer Pinstr	er ipes and Hickory LLC			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le	obbyist, spouse, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative		dependent enna o	x _{No}			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
If yes, list Event # Cash No Credit/Debit Card	01/	12/2015	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Schiff		Rebecca			0008	
Residential Street Address	City			State	Zip Code	
43 Catbrier Rd .		Weston		СТ	06883	
Principal Occupation		Name of Employe	er			
Stay at home mom		N/A				
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of government the contract is with:		dependent emid e	x _{No}			
Is this contribution associated with a Section 119 Yes Method of contribution:	Date	Received	Aggregate Contributions			
Inducatising event fisted in Section 11? X No	01/	12/2015	\$100.00		\$100.00	
If yes, list Event #				<u> </u>		
Last Name	First			MI	Contribution ID #	
Filo		Mary		Α	0009	
Residential Street Address	City	Duidenne		State	Zip Code	
351 Grovers Ave Principal Occupation	L	Bridgeport Name of Employe	or	СТ	06605	
Food Service Director			on Resource Management			
				Amou	ınt of Contribution	
Yes 🔼 N	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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions			
Tundraising event listed in Section 31:						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	12/2015	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Klein		Jonathan		J	0034	
Residential Street Address	City			State	Zip Code	
1445 Capitol Ave	L	Bridgeport		СТ	06604	
Principal Occupation		Name of Employ				
Attorney			han J. Klein, Esq.			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child o	obbyist, spouse, or of a lobbyist? Yes	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?						
If yes, list Event #	01/	12/2015	\$15.00	1	\$15.00	

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Torres For State Rep. 129Th Itemized Statement accompanying application for Public Grant - Original					ion for Public			
B. Itemized Contributions from	n Ind	lividuals	Orani Origina.					
Last Name	First			MI	Contribution ID #			
Penkoff		Cynthia		L	0039			
Residential Street Address	City			State	Zip Code			
101 Columbine Dr	<u> </u>	Trumbull		СТ	06611			
Principal Occupation		Name of Employ						
Realtor Is contributor a principal of a state contractor or prospective state contractor?			vell Banker obbyist, spouse, or	Amou	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Voc	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event fisted in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	12/2015	\$20.00		\$20.00			
	l				1			
Last Name	First			MI	Contribution ID #			
Lavoie Residential Street Address	City	Paul		State	0058 Zip Code			
117 Meadowview Dr	City	Trumbull		CT	06611			
Principal Occupation	<u> </u>	Name of Employ	er	CI	00011			
VP, Sales & Marketing			Engineering					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event listed in Section J1?								
If yes, list Event # Cash Credit/Debit Card	01/	12/2015	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Galloway	First	Patricia		M	0056			
Residential Street Address	City			State	Zip Code			
65 Bonnie View Dr		Trumbull		СТ	06611			
Principal Occupation	•	Name of Employ	er	•	•			
homemaker		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	x No					
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	D-4-	D i 4						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	01/	12/2015	\$25.00		\$25.00			
If yes, list Event #	,		T-5:55					
Last Name	First			MI	Contribution ID #			
Filo		Kathleen		F	0038			
Residential Street Address	City			State	Zip Code			
351 Grovers Ave		Bridgeport		CT	06605			
Principal Occupation		Name of Employ						
Is contributor a principal of a state contractor or prospective state contractor?		Retire	-11	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	о	dependent child of	Vac	111100	an or commount			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tunidialising event listed in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	12/2015	\$25.00		\$25.00			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Torres For State Rep. 129Th Itemized Statement accompanying application for Publi Grant - Original					ion for Public			
B. Itemized Contributions from	m Ind	lividuals	Grant - Original					
Last Name	First			MI	Contribution ID #			
Frantz		L. Scott			0030			
Residential Street Address	City			State	Zip Code			
123 Meadow Rd		Riverside		СТ	06878			
Principal Occupation		Name of Employ	er					
President		Haebl	er Capital					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyrst?					
government the contract is with:		D 1 1						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	01/	13/2015	¢100.00		\$100.00			
If yes, list Event # Money Order Credit/Debit Card	01/.	13/2015	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Brazier	1 1150	Leslie			0054			
Residential Street Address	City	2000		State	Zip Code			
285 Courtland Ave		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er					
Secretary		Fairfie	eld University					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
iundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	13/2015	\$10.00		\$10.00			
T. AV	F: .			\ <i>a</i>	Louis B"			
Last Name	First	Michael		MI F	Contribution ID # 0029			
Doyle Residential Street Address	City	Michael		State	Zip Code			
67 Faire Harbor Pl	City	New London		CT	06320			
Principal Occupation	<u> </u>	Name of Employ	er	<u>.</u>	1 00020			
Registrar of Voters			f New London					
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}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	13/2015	\$100.00		\$100.00			
T. O.	F: .) d				
Last Name Leahy	First	John		MI P	Contribution ID # 0012			
Residential Street Address	City	John		State	Zip Code			
160 Fairfield Woods Rd	City	Fairfield		CT	06825			
Principal Occupation		Name of Employ	er					
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
X No	C	12/2015	4100.00		±100.00			
If yes, list Event # Money Order Credit/Debit Card	01/	13/2015	\$100.00		\$100.00			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Torres For State Rep. 129Th			Itemized Statement accompan Grant - Original	ying applicat	ion for Public			
B. Itemized Contributions from	n Ind	lividuals	Glafit - Original					
Last Name	First			MI	Contribution ID #			
Burr Monaco		Suzanna			0013			
Residential Street Address	City			State	Zip Code			
76 Westfield Dr		Trumbull		СТ	06611			
Principal Occupation		Name of Employ	er					
Town Clerk		Town	of Trumbull					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?					
government the contract is with:		D 1 1						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
x No Cash x Personal Check	01/	13/2015	¢100.00		¢100.00			
If yes, list Event # Money Order Credit/Debit Card	01/.	13/2015	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Monaco	1 1150	Domenic		C	0014			
Residential Street Address	City	20		State	Zip Code			
76 Westfield Dr		Trumbull		СТ	06611			
Principal Occupation		Name of Employ	er					
Sales		Premi	er Graphics					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
iundraising event listed in Section J1?								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	01/	13/2015	\$100.00		\$100.00			
				<u> </u>				
Last Name	First			MI	Contribution ID #			
Lee		John		М	0015			
Residential Street Address	City			State	Zip Code			
30 Beacon St		Bridgeport		СТ	06605			
Principal Occupation Financial Planner		Name of Employ	e's Insurance					
		•	obbyist, spouse, or	Amou	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of		7 tinou	ant 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 Cash Regresonal Check								
No The case of the	01/:	13/2015	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Daley III		John		J	0051			
Residential Street Address	City			State	Zip Code			
75 Old Battery		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ						
Builder			Construction					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}					
Is this contribution associated with a Mathod of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	10001100	1.5510gate Contributions					
X No Cash Personal Check	01/	13/2015	\$50.00		\$50.00			
If yes, list Event #	I / :		1	I	-			

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (TYPE OF REPORT					
Torres For State Rep. 129Th Itemized Statement accompanying application for Publi Grant - Original					ion for Public			
B. Itemized Contributions from	n Ind	lividuals	Grant - Original					
Last Name	First			MI	Contribution ID #			
Lundy		Louis		Е	0053			
Residential Street Address	City			State	Zip Code			
398 Midland St		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er					
Refrigeration		B&A F	Refrigeration					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child (x No					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	01/	13/2015	\$50.00		\$50.00			
If yes, list Event #	01/	10, 2010	Ψ50.00					
Last Name	First			MI	Contribution ID #			
Kiley		Erin		D	0052			
Residential Street Address	City			State	Zip Code			
36 Penfield Pl		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er	-	•			
Casting Director		Self						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ınt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # Cash Personal Check No	01/	13/2015	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Book	First	Ethan		IVII	0055			
Residential Street Address	City	Linan		State	Zip Code			
144 Coleman St		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ	er					
Owner		New E	England Limousine Service of	Fairfield				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ınt of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	or a robbyist?					
government the contract is with:			x No					
Is this contribution associated with a Society 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event risted in Section 31?								
If yes, list Event # Cash Credit/Debit Card	01/	13/2015	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Borres	1 1130	Francisco		P	0084			
Residential Street Address	City			State	Zip Code			
586 Clinton Ave		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er		1			
Director		Amer	can View Productions					
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No No Personal Check	C	12/2015	+5.00		45.00			
If yes, list Event # No Money Order Credit/Debit Card	01/	13/2015	\$5.00		\$5.00			

· VOLET, DV DEGELDE	0 (0				
I. MONETARY RECEIPT	S (S	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Torres For State Rep. 129Th Itemized Statement accompanying application for Public					
Grant - Original					on for Public
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Borres		Sali		Α	0085
Residential Street Address	City			State	Zip Code
586 Clinton Ave		Bridgeport		CT	06605
Principal Occupation		Name of Employ	er		
C.O.O		E-Tra	nsmedia	_	
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	-	dependent child of	of a fobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31?					
If yes, list Event # Cash Credit/Debit Card	01/	13/2015	\$5.00		\$5.00
3.9					
Last Name	First			MI	Contribution ID #
Massaro, Jr.		Carl		Α	0072
Residential Street Address	City			State	Zip Code
61 Wedgewood Rd		Trumbull		CT	06611
Principal Occupation		Name of Employ	er		
Attorney		Law C	Offices of Carl Massaro, Jr.		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodysst?		
government the contract is with:			x _{No}		
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions		
tundraising event listed in Section J1?					
If yes, list Event # Cash Credit/Debit Card	01/	13/2015	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
D'Elia		Marjorie			0068
Residential Street Address	City			State	Zip Code
109 Grovers Ave		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	er		
occupational therapist		Self			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent cinia (•		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check			\. T0.00		
If yes, list Event # Money Order Credit/Debit Card	01/	13/2015	\$50.00		\$50.00
-					
Last Name	First			MI	Contribution ID #
Morong		Mary Lou		~	0041
Residential Street Address	City			State	Zip Code
30 Beacon St		Bridgeport		СТ	06605
Principal Occupation		Name of Employ			
Teacher			of Bridgeport	,	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of			x No		
government the contract is with: Executive Legislative	Б.	D : 1			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
x No Personal Check	 	14/2015	±5.00		* F 00
If yes, list Event # Money Order Credit/Debit Card	01/	14/2015	\$5.00		\$5.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Torres For State Rep. 129Th	Itemized Statement accompan	ying applicat	ion for Public						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Pelletier Jr.		Willis		Е	0069				
Residential Street Address	City			State	Zip Code				
35 Old Battery Rd		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
Manager		Break	Centers of America						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x _{No}						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Dute	110001100	1.66. egate controlations						
X No Cash X Personal Check	01/	14/2015	\$50.00		\$50.00				
If yes, list Event #		,	,						
Last Name	First			MI	Contribution ID #				
Pelletier		Maureen		С	0070				
Residential Street Address	City			State	Zip Code				
35 Old Battery Rd		Bridgeport		CT	06605				
Principal Occupation		Name of Employ	er		•				
Educator		Myria	d	-					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?						
government the contract is with:			x No						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check									
If yes, list Event # Money Order Credit/Debit Card	01/	14/2015	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Horgan	FIISt	Sean		W	0062				
Residential Street Address	City	- Jean		State	Zip Code				
368 Brewster St	City	Bridgeport		CT	06605				
Principal Occupation		Name of Employ	er						
Driver		West	oort Playhouse						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	or a robbyist?						
government the contract is with:			x No						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	14/2015	\$20.00		\$20.00				
Lad Norma	Eine			\/I	Ct-itti ID#				
Last Name Arbelo	First	Patricia		MI	Contribution ID # 0044				
Residential Street Address	City	ratificia		State	Zip Code				
230 Fox St	City	Bridgeport		CT	06605				
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>					
CNA			on Hospital						
Is contributor a principal of a state contractor or prospective state contractor?	2	Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	14/2015	\$5.00		\$5.00				

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Torres For State Rep. 129Th	ying applicat	tion for Public							
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Howell		Mary		Α	0023				
Residential Street Address	City			State	Zip Code				
464 Romanock Rd	L	Fairfield		СТ	06825				
Principal Occupation		Name of Employ							
Business Manager Is contributor a principal of a state contractor or prospective state contractor?			ant Consulting Inc obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	37	Alliot	ant 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						
tundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	14/2015	\$100.00		\$100.00				
L AV	F: .			L	Louis D#				
Last Name Burns	First	Joseph		MI V	Contribution ID # 0045				
Residential Street Address	City	ло <u>зерн</u>		State	Zip Code				
75 Haddon St Apt 1		Bridgeport		CT	06605				
Principal Occupation		Name of Employ	er						
		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
X Cash Personal Check	01/	14/2015	45.00		45.00				
If yes, list Event # Money Order Credit/Debit Card	01/.	14/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Bost		Maria		R	0046				
Residential Street Address	City			State	Zip Code				
50 Fayerweather Ter		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
homemaker		N/A							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			X No						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes X Cash Personal Check									
X No X Cash Personal Check If yes, list Event #	01/	14/2015	\$20.00		\$20.00				
in yes, list Event # I Money Order I Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Scinto		Robert		D	0026				
Residential Street Address	City	Faintiald		State	Zip Code				
144 Old Academy Rd Principal Occupation		Fairfield Name of Employ	or	СТ	06484				
Real Estate Developer			cinto.com						
Is contributor a principal of a state contractor or prospective state contractor?			-1.1	Amou	unt 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						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	14/2015	\$100.00		\$100.00				

L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Torres For State Rep. 129Th	Itemized Statement accompan	ying applicat	ion for Public						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Streeter		James		L	0076				
Residential Street Address	City			State	Zip Code				
64 Pleasant St		Groton		СТ	06340				
Principal Occupation		Name of Employ	er						
Forensic Evidence Examiner		North	East Forensics, LLC						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent china (x No						
government the contract is with: Is this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	01/	14/2015	\$25.00		\$25.00				
If yes, list Event #	01/	14/2013	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Torres		John		w	0042				
Residential Street Address	City			State	Zip Code				
108 Midland St		Bridgeport		СТ	06605				
Principal Occupation	•	Name of Employ	er		•				
Contractor		Torre	s Construction						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	14/2015	\$5.00		\$5.00				
					1				
Last Name	First			MI	Contribution ID #				
McDonnell		Stephen			0022				
Residential Street Address	City	F : C !!		State	Zip Code				
464 Romanock Rd	<u> </u>	Fairfield		СТ	06825				
Principal Occupation Associate Director		Name of Employ							
		_	ant Consulting Inc obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of		Amou	ant 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? Yes X Cash Personal Check									
X No I Substitute entertain	01/	14/2015	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Piquette		Edward			0043				
Residential Street Address	City			State	Zip Code				
34 Hackley St		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ							
Attorney			ell & Piquette						
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Mathed of contribution.	Data	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	received	115510gate Contributions						
X No Cash Personal Check	01/	14/2015	\$5.00		\$5.00				
If yes, list Event #	I 🐃	,	Ψ3.00	1	+ 3.33				

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (54	(1011 / 1 1)	TYPE OF REPORT					
Torres For State Rep. 129Th			Itemized Statement accompan	ying applicat	ion for Public			
B. Itemized Contributions from	T J		Grant - Original					
		iividuais		l	La .a . m.			
Last Name	First	lahn		MI	Contribution ID # 0061			
Weldon Residential Street Address	City	John		R State	Zip Code			
164 Seaside Ave	City	Bridgeport		CT	06605			
Principal Occupation	<u> </u>	Name of Employe	er	<u> </u>	00003			
Contract Manager			ough Bridge & Tunnel Author	ritv				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or		ınt of Contribution			
	0	dependent child o	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
lundraising event listed in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	14/2015	\$50.00		\$50.00			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
Dreher		Quentin		L	0040			
Residential Street Address	City			State	Zip Code			
333 Dover St	Щ,	Bridgeport		СТ	06610			
Principal Occupation		Name of Employe						
Manager Is contributor a principal of a state contractor or prospective state contractor?			bbyist, spouse, or	Amor	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child o	Vac	Amot	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? Yes X Cash Personal Check								
X No = = = = = = = = = = = = = = = = = =	01/3	14/2015	\$50.00		\$50.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Moretti		Michael		L	0161			
Residential Street Address	City			State	Zip Code			
181 Rocton Ave	L.,	Bridgeport		СТ	06606			
Principal Occupation		Name of Employe						
Sheriff		-	f Bridgeport					
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child o	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
X No Cash Personal Check	01/:	14/2015	\$5.00		\$5.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Keefe		Gregory			0162			
Residential Street Address	City			State	Zip Code			
319 Macon Dr		Bridgeport		СТ	06606			
Principal Occupation		Name of Employe	er					
Truck Driver			Penn Motor Express					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a le dependent child o	obbyist, spouse, or of a lobbyist? Yes	Amou	ınt of Contribution			
If yes, indicate which branch or branches of		acpendent cinid 0						
government the contract is with:	Det	Pagained 1						
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	01/	15/2015	\$5.00		\$5.00			
If yes list Event # Money Order Credit/Debit Card	1/.	-,	45.55	ı	,			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Torres For State Rep. 129Th	Itemized Statement accompan Grant - Original	ying applicat	ion for Public						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Verrilli		Donna			0163				
Residential Street Address	City			State	Zip Code				
319 Macon Dr		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er						
		Retire		•					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent china (x No						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	01/	15/2015	\$5.00		\$5.00				
If yes, list Event #			4						
Last Name	First			MI	Contribution ID #				
Somers		Mark		J	0063				
Residential Street Address	City			State	Zip Code				
67 Ramsdell St		Groton		CT	06340				
Principal Occupation		Name of Employ	er		•				
Cardiologist		LMMG	i	-					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	<u> </u>						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X Cash Personal Check	01/	1 5 /201 5	±40.00		±40.00				
If yes, list Event # Money Order Credit/Debit Card	01/	15/2015	\$40.00		\$40.00				
Last Name	First			MI	Contribution ID #				
Tortorello	1 1100	Maryellen			0021				
Residential Street Address	City	, , , ,		State	Zip Code				
7 Battery Park Dr		Bridgeport		СТ	06605				
Principal Occupation	•	Name of Employ	er						
homemaker		N/A							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with:			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	01/	1 5 / 201 5	¢100.00		¢100.00				
If yes, list Event # Money Order Credit/Debit Card	01/	15/2015	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Lesko		Kevin		М	0024				
Residential Street Address	City			State	Zip Code				
96 Woods End Rd		Fairfield		СТ	06824				
Principal Occupation	•	Name of Employ	er	-	•				
Funeral Director		Lesko	& Polke Funeral Home						
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	01.	15/2015	#100.00		¢100.00				
If yes, list Event # Money Order Credit/Debit Card	01/	15/2015	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Torres For State Rep. 129Th			Itemized Statement accompan Grant - Original	ying applicat	ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Burns		Sonia		R	0017				
Residential Street Address	City			State	Zip Code				
60 Crown St	L	Bridgeport		СТ	06610				
Principal Occupation		Name of Employ Retire							
Is contributor a principal of a state contractor or prospective state contractor?				Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event instead in Section 31:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	15/2015	\$100.00		\$100.00				
L W	F: .								
Last Name Burns	First	Thomas		MI H	Contribution ID # 0018				
Residential Street Address	City	IIIOIIIas		State	Zip Code				
60 Crown St		Bridgeport		СТ	06610				
Principal Occupation	-	Name of Employ	er		!				
		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?						
government the contract is with:			x No						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	01/	15/2015	\$100.00		\$100.00				
If yes, list Event #	01/	15/2015	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
DiNardo		Frank			0019				
Residential Street Address	City			State	Zip Code				
611 Access Rd	<u> </u>	Stratford		СТ	06615				
Principal Occupation		Name of Employ							
Real Estate Financing			n Hill Real Estate LLC	A	ont of Countribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or	Amou	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? Yes X Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	15/2015	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Torres	FIISt	John		A	0095				
Residential Street Address	City	301111		State	Zip Code				
108 Midland St		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
musician		OH Ca	assius						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		1	x _{No}						
Is this contribution associated with a Mathod of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			55 -5						
If yes, list Event #	01/	15/2015	\$5.00		\$5.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Torres For State Rep. 129Th	Itemized Statement accompan Grant - Original	ying applicati	ion for Public						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Filotei		Suzanne		С	0059				
Residential Street Address	City			State	Zip Code				
155 Brewster St Apt 4E		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
homemaker		N/A							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent china (x No						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	ł					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	01/	15/2015	\$50.00		\$50.00				
If yes, list Event #	01/	10, 2010	Ψ50.00						
Last Name	First			MI	Contribution ID #				
Filotei		Robert		J	0060				
Residential Street Address	City			State	Zip Code				
155 Brewster St Apt 4E		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er	•	•				
Real Estate Agent		Centu	ry 21						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ınt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Response Cash Response Check									
If yes, list Event # Cash Credit/Debit Card	01/	15/2015	\$50.00		\$50.00				
I w	F: .				Louis Bu				
Last Name McCarthy	First	Richard		MI L	Contribution ID # 0047				
Residential Street Address	City	Riciiaiu		State	Zip Code				
94 Seaside	City	Bridgeport		CT	06605				
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	1 00003				
Consultant			Carthy						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution				
	0	dependent child of	-						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event risted in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	15/2015	\$5.00		\$5.00				
T. M	Б				Contribution ID #				
Last Name Lyons	First	Paul		MI J	0025				
Residential Street Address	City	raui		State	Zip Code				
2675 Park Ave Unit 1	City	Bridgeport		CT	06604				
Principal Occupation		Name of Employ	er	<u> </u>	1 00001				
		Retire							
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Talliand and special in Section 31:		. = /2.2.1 =							
If yes, list Event # Cash Credit/Debit Card	01/	15/2015	\$100.00	1	\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Torres For State Rep. 129Th			Itemized Statement accompan Grant - Original	ying applicat	ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Shays		Christopher			0116				
Residential Street Address	City			State	Zip Code				
9241 Deep Water Point Rd		St Michaels		MD	21663				
Principal Occupation		Name of Employ	er						
		self e	mployed						
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 Executive Legislative		dependent child of	x No						
government the contract is with: Is this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	01/	15/2015	\$100.00		\$100.00				
If yes, list Event # Money Order	01/	13/2013	Ψ100.00		Ψ100.00				
Last Name	First			MI	Contribution ID #				
Haba Jr.		Eugene		E	0086				
Residential Street Address	City			State	Zip Code				
388 Midland St		Bridgeport		СТ	06605				
Principal Occupation	•	Name of Employ	er		•				
Owner		Ameri	ican Marketing Solutions, LLC						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a foodyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
iundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	15/2015	\$5.00		\$5.00				
				L					
Last Name	First	Ala		MI	Contribution ID #				
Dacey Residential Street Address	City	Alexander		State	0066				
257 Redding Rd	City	Easton		CT	Zip Code 06612				
Principal Occupation	<u> </u>	Name of Employ	er	Ci	00012				
self			ex Products Inc.						
			obbyist, spouse, or	Amou	ant of Contribution				
Yes 🔼 No	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a Senderic ground listed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	16/2015	\$20.00		\$20.00				
					La .a . p.				
Last Name Hetzel	First	Daniel		MI W	Contribution ID # 0074				
Residential Street Address	City	Daniel		State	Zip Code				
187 Ledgewood Rd Apt 103	City	Groton		CT	06340				
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	1 000.0				
Engineer			ic Boat						
Is contributor a principal of a state contractor or prospective state contractor?	2	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	16/2015	\$25.00		\$25.00				

L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Torres For State Rep. 129Th			Itemized Statement accompan Grant - Original	ying applicat	ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Norris		Lynn			0067				
Residential Street Address	City			State	Zip Code				
857 Gilman St		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
homemaker		N/A							
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of							
government the contract is with:	D-4-	D i d							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	01/	16/2015	\$10.00		\$10.00				
If yes, list Event # Money Order	01/	10/2013	\$10.00						
Last Name	First			MI	Contribution ID #				
MacGuffie		Robert		w	0073				
Residential Street Address	City			State	Zip Code				
144 Mayweed Rd		Trumbull		СТ	06611				
Principal Occupation	•	Name of Employ	er		1				
Insurance Agent		Busin	ess Insurance Distributors						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a foodyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Response Cash Response Check									
If yes, list Event # Cash Credit/Debit Card	01/	16/2015	\$30.00		\$30.00				
I w	F: .				Louis B"				
Last Name Tortorello	First	David		MI R	Contribution ID #				
Residential Street Address	City	Daviu		State	Zip Code				
7 Battery Park Dr	City	Bridgeport		CT	06605				
Principal Occupation	!	Name of Employ	er	<u> </u>	1 00000				
Consultant		Navig	ant Consulting Inc						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	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 Society 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event risted in Section 31?									
If yes, list Event # Cash Personal Check No	01/	16/2015	\$100.00		\$100.00				
LadVana	Einst				Contribution ID #				
Last Name Burns	First	Sara		MI M	Contribution ID # 0016				
Residential Street Address	City	Ja1a		State	Zip Code				
60 Crown St	City	Bridgeport		CT	06610				
Principal Occupation		Name of Employ	er	<u> </u>	1 00010				
Date/Quality Assurance Specialist			P, Inc						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
	υ	dependent child of	or a roodyrst?						
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						
- IX									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	16/2015	\$60.00		\$60.00				

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Torres For State Rep. 129Th			Itemized Statement accompan Grant - Original	ying applicat	ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Walker		Mary		E	0010				
Residential Street Address	City			State	Zip Code				
37 Beacon St		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ							
Substitute Teacher			eld Board of Education	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
tundraising event instead in Section 31:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	16/2015	\$100.00		\$100.00				
				l					
Last Name	First			MI	Contribution ID #				
Walker		David		М	0011				
Residential Street Address	City	D : 1		State	Zip Code				
37 Beacon St	<u> </u>	Bridgeport Name of Employ	or.	СТ	06605				
Principal Occupation		Name of Employ N/A	er						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
Yes X No)	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 Service U2 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tunidialising event instead in Section 71:									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	01/:	16/2015	\$100.00		\$100.00				
				<u> </u>					
Last Name	First			MI	Contribution ID #				
Holbroon	O.	Sid		G: :	0064				
Residential Street Address 455 Essex Rd	City	Westbrook		State CT	Zip Code 06498				
Principal Occupation		Name of Employ	er	CI	00496				
Ex-Director		GNW							
			obbyist, spouse, or	Amou	ant of Contribution				
Yes A No)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	16/2015	\$35.00		\$35.00				
Last Name	First			MI	Contribution ID #				
Koch	Tilst	Douglas		J J	0027				
Residential Street Address	City	Douglas		State	Zip Code				
197 Sasapequan Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er		1				
Chiropractor		Famil	y Holistic Health Care						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	1 a 1000yist?						
government the contract is with: Executive Legislative	-	D : 1	x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	017	17/2015	\$100.00		\$100.00				
If yes, list Event # Money Order Credit/Debit Card	I 01/.	1//2013	\$100.00		φ100.00				

L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Torres For State Rep. 129Th	Itemized Statement accompan Grant - Original	ying applicat	ion for Public						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Dacey		Beverlee			0028				
Residential Street Address	City			State	Zip Code				
257 Redding Rd		Easton		СТ	06612				
Principal Occupation Self		Name of Employ	^{er} ex Products Inc.						
			44 1 4	Amou	unt of Contribution				
Yes X No	0	dependent child of	37						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
tundraising event instead in Section 31:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	17/2015	\$100.00		\$100.00				
L AV	F: /			L	I c . i . i . i . ii . ii .				
Last Name Torres	First	Michele		MI M	Contribution ID # 0096				
Residential Street Address	City	Міспеіе		State	Zip Code				
108 Midland St		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
Owner		Harbo	rview Market						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	J	dependent child of	of a lobbyist?						
government the contract is with:			x No						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Zash Personal Check	01/	17/2015	* F 00		* F 00				
If yes, list Event # Money Order Credit/Debit Card	01/	17/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Kolarich		Stanislav			0087				
Residential Street Address	City			State	Zip Code				
154 Pearsall Pl		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		i	x No						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event #	01/	17/2015	\$5.00		\$5.00				
in yes, list Event # I Money Order I Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Kolarich		Helena			0088				
Residential Street Address	City	Duideanaut		State	Zip Code				
154 Pearsall Pl Principal Occupation		Bridgeport Name of Employ	or	СТ	06605				
типери оссиранов		Retire							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution				
	D	dependent child of	or a robbyist?						
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	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? X No		. = /2.2.4 =			15.00				
If yes, list Event # No Money Order Credit/Debit Card	01/	17/2015	\$5.00		\$5.00				

L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Torres For State Rep. 129Th			Itemized Statement accompan Grant - Original	ying applicat	ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
O'Reilly		Francis			0075				
Residential Street Address	City			State	Zip Code				
167 Old Post Rd		Fairfield		СТ	06890				
Principal Occupation		Name of Employ							
Attorney			lly & Shaw						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	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 Cash Personal Check									
X No	01/	17/2015	\$25.00		\$25.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Manusky		Ann			0065				
Residential Street Address	City			State	Zip Code				
Morning Glory Dr		Easton		СТ	06612				
Principal Occupation		Name of Employ	er						
homemaker Is contributor a principal of a state contractor or prospective state contractor?		N/A	obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	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?			86 18						
x No Cash Personal Check	01/	17/2015	\$20.00		\$20.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Habegger		Jacob		Т	0107				
Residential Street Address	City			State	Zip Code				
226 Harborview Ave		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
Musician		Self							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		i	x _{No}						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			86 8						
X No Cash X Personal Check	01/	17/2015	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Metsopoulus		Christos			0106				
Residential Street Address	City			State	Zip Code				
2400 North Ave		Bridgeport		СТ	06604				
Principal Occupation		Name of Employ							
		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			555 Tanasana						
X No Cash X Personal Check	01/	17/2015	\$10.00		\$10.00				
If yes, list Event #	I			ı					

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Torres For State Rep. 129Th			Itemized Statement accompan Grant - Original	ying applicat	ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Burnell		Linda			0080				
Residential Street Address	City			State	Zip Code				
30 Goddard Ave		Bridgeport		СТ	06610				
Principal Occupation		Name of Employ	er						
homemaker		N/A							
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent child (x No						
government the contract is with: Is this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
x No Personal Check	01/	18/2015	\$5.00		\$5.00				
If yes, list Event #	01/	10/2013	ψ3.00		45.00				
Last Name	First			MI	Contribution ID #				
Burnell		David			0081				
Residential Street Address	City			State	Zip Code				
30 Goddard Ave		Bridgeport		СТ	06610				
Principal Occupation	•	Name of Employ	er		•				
Director		Ungei	- Enterprises						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	18/2015	\$5.00		\$5.00				
					.				
Last Name	First			MI	Contribution ID #				
Wichert	City	Wayne		G	0102				
Residential Street Address 1205 E Main St	City	Bridgeport		State CT	Zip Code 06606				
Principal Occupation	<u> </u>	Bridgeport Name of Employ	or	CI	00000				
типера оссиранов		Retire							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist snouse or	Amou	ınt of Contribution				
Yes 🔼 No	0	dependent child of							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes X Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	18/2015	\$5.00		\$5.00				
					1				
Last Name	First			MI	Contribution ID #				
Jefferies Delta (AM)	C'i	William		Н	0090				
Residential Street Address 321 Courtland Ave	City	Bridgeport		State CT	Zip Code 06605				
Principal Occupation	<u> </u>	Bridgeport Name of Employ	er	Ci	00003				
Marketing		Citi							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
	0	dependent child of	or a robbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
- IX									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	18/2015	\$5.00		\$5.00				

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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		
Torres For State Rep. 129Th			Itemized Statement accompan	ying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuals	Grant - Original		
Last Name	First			MI	Contribution ID #
Jefferies	1 1100	Patricia		A	0093
Residential Street Address	City			State	Zip Code
321 Courtland Ave	,	Bridgeport		СТ	06605
Principal Occupation		Name of Employ	er		•
Talent Management		Bridge	ewater Associates		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Resonal Check	01/	10/2015	фF 00		¢E 00
If yes, list Event # Money Order	01/.	18/2015	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Leito	1 1100	Jennifer		L	0141
Residential Street Address	City			State	Zip Code
464 Lake Ave		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	er	!	•
Mechanical Contractin		Anvil	Mechanical. Inc		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?		
government the contract is with: 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					
If yes, list Event #	01/	18/2015	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Moretti	11130	Marilyn		M	0160
Residential Street Address	City	,		State	Zip Code
181 Rocton Ave	,	Bridgeport		СТ	06606
Principal Occupation	•	Name of Employe	er		
		None			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	o l	dependent child of	a loodyist:		
government the contract is with:			x No		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Personal Check	04.6	40/2045	+5.00		+ F 00
If yes, list Event #	01/.	19/2015	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Kancsak	11130	Stephen		M	0091
Residential Street Address	City	- Сторион		State	Zip Code
74 Seaside Ave	,	Bridgeport		СТ	06605
Principal Occupation		Name of Employ	er		•
		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	`	dependent child of	a loodyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No No Personal Check		10/2015	100.00		+20.00
If yes, list Event # No Money Order Credit/Debit Card	l 01/	19/2015	\$20.00		\$20.00

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I, MONETARY RECEIP	TS (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Torres For State Rep. 129Th			Itemized Statement accompan Grant - Original	ying applicat	on for Public
B. Itemized Contributions fr	om Ind	lividuals			
Last Name	First			MI	Contribution ID #
Zawadzki		Richard			0092
Residential Street Address	City			State	Zip Code
5 Bennett St		Bridgeport		СТ	06605
Principal Occupation	Ī	Name of Employe	er	-	-
		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	No		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check					
If yes, list Event # No Money Order Credit/Debit Card	01/	19/2015	\$5.00		\$5.00
-	<u> </u>			l	
Last Name	First			MI	Contribution ID #
Garamella	0.1	Joseph		J	0103
Residential Street Address	City	B : 1		State	Zip Code
2625 Park Ave		Bridgeport		СТ	06605
Principal Occupation		Name of Employ			
Is contributor a principal of a state contractor or prospective state contractor?		Retire	obbyist, spouse, or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	No	dependent child o	Vac	Amou	iit 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?	Date	Received	riggregate contributions		
X No Cash Personal Check	01/	19/2015	\$5.00		\$5.00
If yes, list Event #	027	15, 2015	Ψ5.00		
Last Name	First			MI	Contribution ID #
DiCarlo		Ashley			0104
Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code
75 Homestead Ave		Bridgeport		СТ	06605
Principal Occupation	•	Name of Employe	er	•	
Sales		LIght	& Energy Inc		
Is contributor a principal of a state contractor or prospective state contractor?	No		obbyist, spouse, or	Amou	nt of Contribution
If was indicate which branch or branches of	NO	dependent child of	•		
government the contract is with:			x _{No}		
Is this contribution associated with a General listed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tunidiasing event listed in Section 31?					
If yes, list Event #	01/	19/2015	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Mangiacapra		Frank		G	0111
Residential Street Address	City			State	Zip Code
311 Beechwood Ave		Bridgeport		СТ	06604
Principal Occupation		Name of Employ			
Is contributor a principal of a state contractor or prospective state contractor?		Retire Is contributor a le	obbyict chance or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	No	dependent child o	Vac	1 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?			-		
If yes list Event #	01/	19/2015	\$5.00		\$5.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Torres For State Rep. 129Th Itemized Statement accompany					ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
McCarthy		Patricia			0115				
Residential Street Address	City			State	Zip Code				
123 Nash Ln		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	x No						
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Doto	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	01/	19/2015	\$5.00		\$5.00				
If yes, list Event #	01/	15/2015	45.00		45.00				
Last Name	First			MI	Contribution ID #				
Pabis		Thomas		М	0113				
Residential Street Address	City			State	Zip Code				
37 Northfield St		Bridgeport		СТ	06606				
Principal Occupation	•	Name of Employ	er		•				
Electrician		Mars	Electrical LLC						
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	0	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	19/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
McLaine	FIISt	Maryann		IVII	0112				
Residential Street Address	City	inal yailii		State	Zip Code				
35 Woodrow Ave	City	Bridgeport		CT	06606				
Principal Occupation	-	Name of Employ	er						
Manager		Joey's	Capitol Wood Service						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	o	dependent child of	or a robbyist?						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Sociated With a Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	19/2015	\$5.00		\$5.00				
Lad Name	First			M	Contribution ID #				
Last Name McLaine	FIISt	Edward		MI J	Contribution ID # 0110				
Residential Street Address	City	Lawara		State	Zip Code				
35 Woodrow Ave	City	Bridgeport		CT	06606				
Principal Occupation		Name of Employ	er						
Service Station Operator		Joey's	Capitol Wood Service						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
- X									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	19/2015	\$5.00		\$5.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Torres For State Rep. 129Th Itemized Statement accompany					ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Buchanan		Jennifer			0101				
Residential Street Address	City			State	Zip Code				
159 Seabright Ave		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child (x No						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	01/	19/2015	\$5.00		\$5.00				
If yes, list Event #	01/		Ψ5.00						
Last Name	First			MI	Contribution ID #				
Borres		Melissa		Α	0082				
Residential Street Address	City			State	Zip Code				
31 Fairbanks St		Bridgeport		СТ	06610				
Principal Occupation		Name of Employ	er	-	-				
Receptionist		North	East Medical Group						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? X Cash Personal Check									
If yes, list Event # Cash Personal Check No	01/	19/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Borres	FIISt	Francisco		R	0079				
Residential Street Address	City	Trancisco		State	Zip Code				
31 Fairbanks St	,	Bridgeport		CT	06610				
Principal Occupation		Name of Employ	er						
Deputy Registrar of Voters		City o	f Bridgeport						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	or a robbyist?						
government the contract is with:			x No						
Is this contribution associated with a Society 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event risted in Section 31?									
If yes, list Event # Cash Personal Check No	01/	19/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Flynn	1 1130	Philip		E	0098				
Residential Street Address	City			State	Zip Code				
111 Hawthorne St	ا ا	Bridgeport		СТ	06610				
Principal Occupation		Name of Employ	er		!				
Teacher		Dioce	se of Bridgeport						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No No Personal Check	C	10/2015	+5.00		* F 00				
If yes, list Event # No Money Order Credit/Debit Card	01/	19/2015	\$5.00		\$5.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Torres For State Rep. 129Th Itemized Statement accompant Grant - Original					ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Garrett		Michael			0078				
Residential Street Address	City			State	Zip Code				
49 Weber Ave		Bridgeport		СТ	06610				
Principal Occupation		Name of Employ	er						
		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		acpendent enna	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	01/:	19/2015	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Matos		Zolma			0097				
Residential Street Address	City			State	Zip Code				
49 Weber Ave	<u> </u>	Bridgeport		СТ	06610				
Principal Occupation		Name of Employ	er						
Medical Assistance			nal Medicine	•					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent enna e							
government the contract is with: Legislative Legislative	Dete	D							
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	01/	19/2015	\$5.00		\$5.00				
If yes, list Event #	01/	15/2015	ψ3.00		ψ3.00 				
Last Name	First			MI	Contribution ID #				
Ianniello		Margaret		J	0031				
Residential Street Address	City			State	Zip Code				
128 Balmforth St		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er	-	•				
homemaker		N/A							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	0	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		аеренает сппа с	x No						
government the contract is with: Executive Legislative		D 1 1							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	01/	19/2015	\$100.00		\$100.00				
If yes, list Event #	01/	15/2015	¥100.00		———				
Last Name	First			MI	Contribution ID #				
Ianniello		Joseph		w	0032				
Residential Street Address	City			State	Zip Code				
128 Balmforth St		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er	•	•				
		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	x No						
government the contract is with: Executive	Б.	D . 1							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	Δ1/	19/2015	\$100.00		\$100.00				
If yes, list Event #	01/.	- 2/ 2013	φ100.00		¥100.00				

I MONETA BY DECEMBER (C. P. A. D.								
I. MONETARY RECEIPT	S (Se	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Torres For State Rep. 129Th Itemized Statement accompanying application for Public								
Grant - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Minutolo		Joseph			0109			
Residential Street Address	City			State	Zip Code			
793 Broadbridge Rd		Bridgeport		СТ	06610			
Principal Occupation		Name of Employ	er					
		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraicing event licted in Section 112	Date	Received	Aggregate Contributions					
Tunidasing event issed in Section 31:								
If yes, list Event # Cash Credit/Debit Card	01/2	20/2015	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Grace		Linda		Α	0114			
Residential Street Address	City			State	Zip Code			
793 Broadbridge Rd	L	Bridgeport		СТ	06610			
Principal Occupation		Name of Employ						
Registrar of Voters		-	f Bridgeport					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent cinia (
government the contract is with: Executive Legislative			x _{No}	1				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Credit/Debit Card	01/2	20/2015	\$5.00		\$5.00			
-								
Last Name	First			MI	Contribution ID #			
Goldstein		Cynthia			0089			
Residential Street Address	City	5		State	Zip Code			
2625 Park Ave	ļ	Bridgeport		СТ	06604			
Principal Occupation		Name of Employ						
		Retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		1	x No					
government the contract is with:	Dete	Received		-				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Personal Check	01/	20/2015	\$6.00		\$6.00			
If yes, list Event #	01/.	20/2013	\$0.00		\$6.00			
Last Name	First			MI	Contribution ID #			
Torres	FIISt	Michael		A	0100			
Residential Street Address	City	Міспает		State	Zip Code			
108 Midland St	City	Bridgeport		CT	06605			
Principal Occupation	L	Bridgeport Name of Employ	er	1 01	1 00003			
Insurance Agent			^ध I Range Benefits Group					
			obbyist, spouse, or	Amou	unt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Voc	Amou	or 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	1				
fundraising event listed in Section J1?	Date		op-opure contributions					
x No	01/	20/2015	\$5.00		\$5.00			
If yes, list Event # Money Order Credit/Debit Card	I ~-'		Ψ3.00	I	43.00			

A MONETA DV DE CENTRO (C. C. A. D.								
L. MONETARY RECEIPT	S (S	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Torres For State Rep. 129Th Itemized Statement accompanying application for Public Grant - Original								
B. Itemized Contributions from	n Ind	lividuals	-					
Last Name	First			MI	Contribution ID #			
Torres		Kaitlyn			0137			
Residential Street Address	City			State	Zip Code			
108 Midland St		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er					
Food Server		Harbo	orview Market					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event fisted in Section 31?								
X No Zash Personal Check	01/2	20/2015	\$5.00		\$5.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Jones		Gary		E	0118			
Residential Street Address	City	- Cu. y		State	Zip Code			
26 Penfield Pl		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	or	<u> </u>	00003			
		1 7						
National Account Manager		-	uarie Equipment Finance	A.m.o.v	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Alliou	iit of Collification			
If yes, indicate which branch or branches of			·					
government the contract is with:								
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
x c n c								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/2	20/2015	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Slater		John		E	0099			
Residential Street Address	City			State	Zip Code			
241 Wilson St .		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er	-	-			
Operations Manager		Fairfie	eld County Bank					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	*					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
To this contribution are cived with a	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
X No Zash Personal Check	01/2	20/2015	\$5.00		\$5.00			
If yes, list Event #		-						
Last Name	First			MI	Contribution ID #			
Dandrea		Frank			0108			
Residential Street Address	City	Truin		State	Zip Code			
124 Seaside Ave	City	Bridgeport		CT	06605			
Principal Occupation	Щ,	Name of Employ	er	<u> </u>	30003			
Teacher								
			eld Ludlowe H.S	A	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of		.,	x No					
government the contract is with: Executive Legislative								
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
	١.							
If yes, list Event # Cash Credit/Debit Card	01/2	20/2015	\$50.00		\$50.00			

A MONTH INVIDENCE OF THE ANALYSIS								
I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Torres For State Rep. 129Th Itemized Statement accompanying application for Public Grant - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Соссо		Carol			0136			
Residential Street Address	City			State	Zip Code			
564 Brooklawn Ave		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ	er					
Owner		Meds	urg LLC					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes		int of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions]				
Tunditaising event listed in Section 31?								
If yes, list Event # Cash Credit/Debit Card	01/2	20/2015	\$5.00		\$5.00			
11 yes, hist Event #								
Last Name	First			MI	Contribution ID #			
Goodman		David		S	0077			
Residential Street Address	City			State	Zip Code			
746 Railroad Ave		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er	•	•			
Sheriff		City o	f Bridgeport					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution			
	,	dependent child of	of a lobbyist?	1				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?								
× No	01/2	20/2015	\$5.00		\$5.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Leito		Karyn			0117			
Residential Street Address	City			State	Zip Code			
394 Brewster St		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er	•				
homemaker		N/A						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution			
)	dependent child of	*	1				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising a yeart listed in Section 112	Date	Received	Aggregate Contributions	1				
Tandraising event insect in section 31:								
₩ No ☐ Cash	01/2	20/2015	\$5.00		\$5.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Nelson		Terry		L	0145			
Residential Street Address	City			State	Zip Code			
70 Unquowa Hill St		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ	er	•				
Real Estate Broker		Colon	ial Realty					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution			
If yes, indicate which branch or branches of	<i>'</i>	dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a	Date	Received	Aggregate Contributions					
Tundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/2	20/2015	\$5.00		\$5.00			

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Torres For State Rep. 129Th					ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Quintiliano		Ralph		Α	0105				
Residential Street Address	City			State	Zip Code				
276 Ruth St		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er						
Barber		Ralph	'S Black Rock Barbershop						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent child (x No						
government the contract is with: Is this contribution associated with a Method of contribution:	Data	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	01/	20/2015	\$5.00		\$5.00				
If yes, list Event #	01/	20,2013	ψ3.00		Ψ3.00				
Last Name	First			MI	Contribution ID #				
Simard		Linda		Α	0094				
Residential Street Address	City			State	Zip Code				
9 Harborview Pl		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er		•				
contract negotiator		Energ	y Watch Inc						
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
iundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	20/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Costantini	FIISt	Camilla		R	0178				
Residential Street Address	City	Carrilla		State	Zip Code				
147 Westfield Ave	City	Bridgeport		CT	06606				
Principal Occupation		Name of Employ	er						
Exec. Assistant to the President		House	atonic Community College						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of)	dependent child of	or a robbyist?						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	01/	20/2015	\$10.00		\$10.00				
T. O.	г			\n_	Louis B"				
Last Name Roselli	First	Rocco		MI	Contribution ID # 0179				
Residential Street Address	City	RUCCU		State	Zip Code				
327 Wayne St	City	Bridgeport		CT	06606				
Principal Occupation		Name of Employ	er	<u> </u>	1 00000				
		Retire							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
	,	dependent child of	or a robbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	20/2015	\$10.00		\$10.00				

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Torres For State Rep. 129Th Itemized Statement accompanying a					ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Frantz		Rodgers		Α	0164				
Residential Street Address	City			State	Zip Code				
626 Courtland Ave		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
		State	of CT						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	x No						
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Doto	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	01/	20/2015	\$5.00		\$5.00				
If yes, list Event #	01/	20,2013	ψ3.00		ψ3.00 				
Last Name	First			MI	Contribution ID #				
Larson		Paul		w	0154				
Residential Street Address	City			State	Zip Code				
81 Nash Ln Apt 5		Bridgeport		СТ	06605				
Principal Occupation	•	Name of Employ	er		•				
Hospital		Carolt	on Hospital						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	01/	20/2015	\$5.00		\$5.00				
				L					
Last Name	First	Devil		MI	Contribution ID #				
Larson Residential Street Address	City	Paul		W State	0165 Zip Code				
81 Nash Ln Apt 5	City	Bridgeport		CT	06605				
Principal Occupation		Name of Employ	er	Ci	00003				
Sanitation		1 7	on Hospital						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution				
	0	dependent child of	-						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event risted in Section 31?									
If yes, list Event # Cash Personal Check No	01/	21/2015	\$15.00		\$5.00				
T. SV					La . a . a . b . a				
Last Name Huggins	First	Christopher		MI M	Contribution ID # 0155				
Residential Street Address	City	Christophiei		State	Zip Code				
150 Whittier St	City	Bridgeport		CT	06605				
Principal Occupation		Name of Employ	er	<u> </u>	1 00000				
Pet Supply Sales		Natur	al Pet Outlet						
Is contributor a principal of a state contractor or prospective state contractor?	2	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of	U	dependent child of	or a robbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Society II2 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tunidialising event listed in Section 31:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	21/2015	\$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					
Torres For State Rep. 129Th			Itemized Statement accompan Grant - Original	ying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuals	Giant - Original		
Last Name	First			MI	Contribution ID #
Poarch		Jeffrey		Т	0175
Residential Street Address	City			State	Zip Code
292 Seaside Ave		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	er		•
Designer		RCM 7	Technologies		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		aepenaent enna e	x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			86 .8		
X No Personal Check	01/2	21/2015	\$5.00		\$5.00
If yes, list Event#					
Last Name	First			MI	Contribution ID #
Hylinski		Robert		Α	0176
Residential Street Address	City			State	Zip Code
66 Montgomery St	L	Bridgeport		СТ	06605
Principal Occupation		Name of Employ			
Supervisor of Operations			sky Aircraft		
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with a Method of contribution:	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	01/	21/2015	\$5.00		\$5.00
If yes, list Event #	01/.	21,2015	43.00		43.00
Last Name	First			MI	Contribution ID #
Farrell		Angela			0182
Residential Street Address	City			State	Zip Code
458 Midland St		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	er	-	-
		Walru	s & Carpenter		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child c	a lobbyist:		
government the contract is with: Executive Legislative		n : 1			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Personal Check	01/	21/2015	\$20.00		\$20.00
If yes, list Event #	01/.	21/2013	\$20.00		\$20.00
Last Name	First			MI	Contribution ID #
Garamella		James		В	0151
Residential Street Address	City			State	Zip Code
2768 Fairfield Ave		Bridgeport		СТ	06605
Principal Occupation	•	Name of Employ	er		
		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	a loodyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Personal Check	01 /	21/2015	¢E 00		¢5 00
If yes list Event # No Money Order Credit/Debit Card	I 01/	21/2015	\$5.00	I	\$5.00

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I MONETARY DECEMBE	ra (a	4° A T\			<u> </u>
I. MONETARY RECEIPT NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	3 (30	ection A-1)	TYPE OF REPORT		
Torres For State Rep. 129Th Itemized Statement accompany					on for Public
Grant - Original					
B. Itemized Contributions fro	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Torres		Jonathan		М	0150
Residential Street Address	City			State	Zip Code
34 Plankton St		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er		
Construction		John ⁻	Torres		
Is contributor a principal of a state contractor or prospective state contractor?	io.		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tunidiaising event listed in Section 31:					
If yes, list Event # Cash Personal Check No	01/2	21/2015	\$5.00		\$5.00
in yes, list Evelit#					
Last Name	First			MI	Contribution ID #
Tkacik		John		G	0170
Residential Street Address	City			State	Zip Code
141 Weber Ave		Bridgeport		СТ	06610
Principal Occupation		Name of Employ	er		
retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	io.		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	.0	dependent child of	of a lobbyist?		
government the contract is with:			x No		
Is this contribution associated with a Society II Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tunidraising event insection 31?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/2	21/2015	\$5.00		\$5.00
In yes, list Evelit#					
Last Name	First			MI	Contribution ID #
Porco		Carol			0149
Residential Street Address	City			State	Zip Code
87 Seabright Ave		Bridgeport		СТ	06605
Principal Occupation		Name of Employe	er		
Project Coordinator		Marke	et Data Retrieval		
Is contributor a principal of a state contractor or prospective state contractor?	lo.		obbyist, spouse, or Yes	Amou	nt of Contribution
If was indicate which branch or branches of		dependent child of	a lobbyist:		
government the contract is with: Executive Legislative			x No		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tunidiaising event listed in Section 31:					
If yes, list Event # Cash Personal Check No	01/2	21/2015	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Celli		Joseph		R	0166
Residential Street Address	City			State	Zip Code
1042 Broad St		Bridgeport		СТ	06604
Principal Occupation		Name of Employe	er		
Administration		Propa	rk America		
Is contributor a principal of a state contractor or prospective state contractor?	lo		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tunidraising event insection 31?					
If yes list Event # Cash Personal Check No Money Order Credit/Debit Card	01/	21/2015	\$5.00		\$5.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Torres For State Rep. 129Th Itemized Statement accompanying application for Public								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Leito		Daniel			0140			
Residential Street Address	City			State	Zip Code			
464 Lake Ave		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er					
Mechanical Contractor		Anvil	Mechanical. Inc					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x _{No}					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Duit	10001100	riggregate contributions					
X No Cash Personal Check	01/2	21/2015	\$5.00		\$5.00			
If yes, list Event #	,	,						
Last Name	First			MI	Contribution ID #			
Daley		Robert		М	0142			
Residential Street Address	City			State	Zip Code			
140 Midland St		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er		•			
Contractor		Midla	nd Contracting Group					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ınt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
iundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/2	21/2015	\$5.00		\$5.00			
				l	I			
Last Name	First	1		MI	Contribution ID #			
Daley Desidential Secret Address	City	Lauren		E	0143			
Residential Street Address 140 Midland St	City	Pridagnort		State CT	Zip Code 06605			
Principal Occupation	<u> </u>	Bridgeport Name of Employ	er	CI	00003			
Manager			ship International LLC					
			obbyist snouse or	Amou	ınt of Contribution			
Yes 🔼 No	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? Yes X Cash Personal Check								
X No X Cash Personal Check If yes, list Event #	01/2	21/2015	\$5.00		\$5.00			
	-			l				
Last Name	First			MI	Contribution ID #			
Hughes	o:	Scott		A	0146			
Residential Street Address	City	Pridagnort		State CT	Zip Code			
365 Granfield St Principal Occupation		Bridgeport Name of Employ	or	CI	06610			
Librarian			eport Public Library					
			abbreigt anguag or	Amou	unt of Contribution			
Yes X No	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
Tundraising event listed in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/2	21/2015	\$5.00		\$5.00			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT					
Torres For State Rep. 129Th			Itemized Statement accompan	ying applicat	ion for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Ruskay	That	Christopher]]	0147			
Residential Street Address	City			State	Zip Code			
526 Midland St		Bridgeport		СТ	06605			
Principal Occupation	<u> </u>	Name of Employe	er					
		Fayer	weather Boatyard					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or General Administration Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent child o	a loodyist?					
government the contract is with:	,		x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Personal Check	0.4.15		45.00					
If yes, list Event #	01/2	21/2015	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Torres	That	Alex		R	0156			
Residential Street Address	City	Alex		State	Zip Code			
108 Midland St		Bridgeport		СТ	06605			
Principal Occupation	<u>' </u>	Name of Employe	er					
Teacher		Bridge	eport Board of Education					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or See Jahlaniata	Amou	int of Contribution			
If yes, indicate which branch or branches of	0	dependent child o	i a loodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/2	21/2015	\$5.00		\$5.00			
	First							
Last Name Tedesco	FIISt	John		MI V	Contribution ID # 0171			
Residential Street Address	City	JOHN		State	Zip Code			
301 Taft Ave	City	Bridgeport		CT	06604			
Principal Occupation	<u> </u>	Name of Employe	er	<u> </u>				
		Retire	d					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution			
Yes X N If yes, indicate which branch or branches of	0	dependent child o						
government the contract is with:			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/2	21/2015	\$5.00		\$5.00			
	l			l				
Last Name Cancellieri	First	Danald		MI	Contribution ID #			
Residential Street Address	City	Ronald		State	0168 Zip Code			
387 Jewett Ave	City	Bridgeport		CT	06606			
Principal Occupation	<u>'</u>	Name of Employe	er	<u> </u>	00000			
Owner			ows and More					
Is contributor a principal of a state contractor or prospective state contractor?			11	Amou	nt of Contribution			
	0	dependent child o						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions]				
Tulidialising event insection 31:								
If yes, list Event # Cash Personal Check No Money Order Credit/Debit Card	01/2	21/2015	\$5.00		\$5.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Torres For State Rep. 129Th Itemized Statement accompanying application for Public								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Marczyszak		Thaddeus		Р	0144			
Residential Street Address	City			State	Zip Code			
390 Davidson St		Bridgeport		СТ	06605			
Principal Occupation	•	Name of Employ	er		•			
General Labor		BJ'S						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event instead in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	21/2015	\$5.00		\$5.00			
in yes, list event #								
Last Name	First			MI	Contribution ID #			
Cunningham		Thomas		В	0134			
Residential Street Address	City			State	Zip Code			
1110 Laurel Ave		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ	er					
Teacher		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	21/2015	\$5.00		\$5.00			
	<u> </u>							
Last Name	First			MI	Contribution ID #			
Porco		Frank			0148			
Residential Street Address	City			State	Zip Code			
87 Seabright Ave	<u> </u>	Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er					
Hairdresser			Bruce Salon					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	a loodyist:					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	21/2015	\$5.00		\$5.00			
[
Last Name	First	D 1		MI	Contribution ID #			
Soto	City	Pedro		L	0139			
Residential Street Address	City	Duideanaut		State	Zip Code			
225 Vine St	L	Bridgeport Name of Employ	ON.	СТ	06604			
Principal Occupation Owner-Manager			Street LLC					
			.1.1	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Mathod of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date							
X No Cash Personal Check	01/	21/2015	\$5.00		\$5.00			
If yes, list Event # Money Order	01/	-1/2013	φ3.00		43.00			

L MONETARY RECEIP	FQ (Q)	notion A D					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	13 (3)	A1011 A-1)	TYPE OF REPORT				
Torres For State Rep. 129Th Itemized Statement accompany					ion for Public		
Grant - Original							
B. Itemized Contributions fro	_	lividuals			<u> </u>		
Last Name	First			MI	Contribution ID #		
White		Thomas		J	0126		
Residential Street Address	City			State	Zip Code		
446 Savoy St	1	Bridgeport		СТ	06606		
Principal Occupation		Name of Employ					
			ployed	i .			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	No	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of			·				
government the contract is with: Executive Legislative							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
Cash Personal Check	04.0	22/2015	+5.00		+5.00		
If yes, list Event # No Money Order Credit/Debit Card	01/.	22/2015	\$5.00		\$5.00		
T. M	F: /) of	G (3 (B)		
Last Name	First			MI	Contribution ID #		
Comer	C'i	George		Н	0125		
Residential Street Address	City	Duidenne		State	Zip Code		
120 Carnegie Ave		Bridgeport		СТ	06610		
Principal Occupation		Name of Employ					
Accounting			obbyist, spouse, or	A may	nt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	No	dependent child o	Vac	Alliou	int of Contribution		
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}				
Is this contribution associated with a Mothed of contribution:	Doto	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
X No Cash Personal Check	01/	22/2015	\$5.00		\$5.00		
If yes, list Event # Money Order Credit/Debit Card	01/.	22/2015	\$ 3.00		\$5.00		
Last Name	First			MI	Contribution ID #		
Hempowicz	1 1130	Krzysztof		1411	0124		
Residential Street Address	City	Rizysztoi		State	Zip Code		
2170 Park Ave	City	Bridgeport		CT	06604		
Principal Occupation		Name of Employe	er	<u> </u>	00004		
Minister		KJA-U					
T			obbyist, spouse, or	Amou	nt of Contribution		
Yes X	No	dependent child of					
If yes, indicate which branch or branches of GOVERNMENT the contract is with: Executive Legislative			x _{No}				
government the contract is with:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
X No Cash Personal Check	01/2	22/2015	\$5.00		\$5.00		
If yes, list Event #			·				
Last Name	First			MI	Contribution ID #		
Hlavac		Janice		G	0121		
Residential Street Address	City			State	Zip Code		
132 Greystone Rd		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 le	obbyist, spouse, or	Amou	nt of Contribution		
	No	dependent child of	-				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
Tunidiaising event listed in Section 31?							
If yes list Event # X No X Cash Personal Check Money Order Credit/Debit Card	01/2	22/2015	\$5.00		\$5.00		

TATE OF State Rep. 12911	I. MONETARY RECEIPT	S (Se	ection A-I)						
Tank Name									
Table Name	Torres For State Rep. 129Th				ying applicat	on for Public			
Colon Colo									
Proceedings	Last Name	First			MI	Contribution ID #			
Principal Companion	Colon		Luis		Α	0119			
Principal Occupation Nome of Employer Nome of	Residential Street Address	City			State	Zip Code			
No.	603 Brooks St		Bridgeport		СТ	06608			
Securithinate a principal of a state contribute or prospective state contribute or prospective state contribute or prospective state contribute or prospective state or prospec	Principal Occupation		Name of Employ	er		-			
Type, indicate which harseh or branches of somewhater and the contract is value. Vest V			N/A						
Minutolo But security and in the branches of properties that contractors? Les Name Minutolo Browning and the security and the security of	Is contributor a principal of a state contractor or prospective state contractor?	lo		Voc	Amou	nt of Contribution			
Executive Exec	If yes, indicate which branch or branches of		dependent child o	of a foodyist?					
Tyes, list Even # No	government the contract is with:								
Tyes, list Event # French Check Present Check Presen	Vac	Date	Received	Aggregate Contributions					
First Startwork		0.4 /	22/2015	+5.00		+5.00			
Minutolo		01/2	22/2015	\$5.00		\$5.00			
Minutolo	Last Nama	Eirot			мі	Contribution ID #			
Residential Storet Address		11130	Giovanella		1411				
Secontinibution Principal Occupation Pr	1 11 1	City	Giovanena		State				
Name of Employer Section Section Principal Of a state contractor or prospective state contractor Section Yes No Section Yes Ye		,	Bridgeport			•			
If yes, indicate which branch or branches of lifyes, list security lifyes, list event # Yes Method of contribution: South Personal Cheek O1/2/2015 \$5.00		_		er	<u> </u>				
Yes Executive Legislative Date Received Aggregate Contributions Section Personal Check O1/22/2015 S5.00 S5.00									
If yes, indicate which branche of transches of less contributions associated with a fundratising event listed in Section 11? If yes, list Event #	Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	nt of Contribution			
Secontiment the contract is with: Last Name First Date Received Aggregate Contributions Sp. 00 \$5.00 Last Name Minutolo First Date Received Aggregate Contributions Mill Contribution D# Minutolo Minutolo Mill Contribution Mill Contribution D# Minutolo Minutolo Mill Contribution Mill Contribution D# Minutolo Minutolo Mill Mill Contribution D# Minutolo Minutolo Mill Mill Contribution D# Minutolo Minutolo Mill		0	dependent child of	of a lobbyist?					
fundraising event listed in Section J1? If yes, list Event # Last Name	Evacutiva Lagislativa			x No					
Last Name Minutolo Residential Street Address If yes, indicate which branch or branches of fundraising event listed in Section J1? Last Name Last Name Minutolo Residential Street Address If yes, indicate which branch or branches of some prespective state contractor? Amount of Contribution: Personal Check Principal Occupation Principal of a state contractor or prospective state contractor? Personal Check Principal Occupation Presonal Check Principal Occupation Prin	Vac	Date	Received	Aggregate Contributions					
Last Name	Tunidraising event insection 31?								
Last Name Last Name Last Name Last Name Last Name Dreher Dreher Last Name Dreher Dreher Last Name Dreher Dreher Last Name Dreher Dreher Dreher Last Name Dreher Dreher Dreher Last Name Dreher Dreher Dreher Amount of Contribution ID # Amount of Contribution Amount of Contribution Last Name Dreher Amount of Contribution Amount of Contribution Dreher Amount	No 🗖	01/2	22/2015	\$5.00		\$5.00			
Residential Street Address 1565 Madison Ave City Security Retired		<u> </u>							
Residential Street Address 1565 Madison Ave City		First			MI				
Secontributor a principal of a state contractor prospective state contractor? Yes Ye		L	Michael						
Principal Occupation Name of Employer Retired Security Secu		City	Duidenne			*			
Is contributor a principal of a state contractor or prospective state contractor?		٠,		or .	CI	06606			
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: Is this contribution associated with a fundraising event listed in Section J1? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	Finicipal Occupation								
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Last Name Dreher Residential Street Address 333 Dover St Principal Occupation Principal Occupation First Residential Street Address Sovernment the contractor or prospective state contractor? Yes Aggregate Contributions MI Contribution ID # O152 State Zip Code The Residential Street Address State State The Residential Street Address The Residential Street Address The Residential Street Address State The Residential Street Address The Residential Street Addre	Is contributor a principal of a state contractor or prospective state contractor?				Amou	nt of Contribution			
Security Legislative Legislative Legislative Aggregate Contributions Security Securit	Yes X N	io							
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Yes	Evacutiva Lagislativa			x No					
If yes, list Event #	Tadii angiilagia aasiigadanida — Madada Gaagiilagia	Date	Received	Aggregate Contributions					
If yes, list Event # Last Name Dreher Residential Street Address 333 Dover St Principal Occupation 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? Money Order Credit/Debit Card Pirst Linda First MI Contribution ID # 0152 State Zip Code State Zip Code Retired Name of Employer Retired 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 Aggregate Contributions \$5.00 \$5.00	Tunidiansing event insection 31:								
Last Name Dreher City Bridgeport CT 06610 Principal Occupation Name of Employer Retired Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of sovernment the contract is with: Is this contribution associated with a fundraising event listed in Section J1? MI Contribution ID # Mane of Employer Retired Amount of Contribution dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution dependent child of a lobbyist? Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Date Received Aggregate Contributions \$5,00 \$5,00	X No T	01/2	22/2015	\$5.00		\$5.00			
Dreher Linda Linda M 0152	ii yes, iist Event #								
Residential Street Address 333 Dover St Bridgeport Name of Employer Retired Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Personal Check Date Received City Bridgeport Name of Employer Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Amount of Contribution Amount of Contribution Aggregate Contributions \$5,00\$	Last Name	First			MI	Contribution ID #			
Bridgeport CT 06610 Principal Occupation Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Amount of Contribution dependent child of a lobbyist? X No X Cash Personal Check D1/22/2015 \$5,00 \$5,00 \$5,00	Dreher		Linda		М	0152			
Principal Occupation Name of Employer Retired		City				_			
Is contributor a principal of a state contractor or prospective state contractor?		L.,			СТ	06610			
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? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is no listed in Section J1? Date Received Aggregate Contributions St. No St. Cash Personal Check 01/22/2015 \$5.00 \$5.00	Principal Occupation								
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Yes X No No	Is contributor a principal of a state contractor or promoditive state contractor ^Q			obbyict chance or	A	nt 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? Yes X Cash Personal Check O1/22/2015 \$5.00 \$5.00	Yes X N	io		Vac	Amou	in of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? X No Personal Check O1/22/2015 \$5.00 \$5.00	Evacutiva Lagislativa			-					
fundraising event listed in Section J1? X No Personal Check 01/22/2015 \$5.00 \$5.00	government the contract is with:	Date	Received						
× N ₀	fundraising event listed in Section J1?			55 5					
If you list Event #	If yes list Event #	01/2	22/2015	\$5.00		\$5.00			

I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Torres For State Rep. 129Th Itemized Statement accompanying applic Grant - Original					ion for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Stabler		Audrey			0169			
Residential Street Address	City			State	Zip Code			
70 Boston Ter		Bridgeport		CT	06610			
Principal Occupation		Name of Employ						
		Retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x _{No}					
government the contract is with	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Dute	110001100	riggregate contributions					
X No Cash Personal Check	01/	22/2015	\$5.00		\$5.00			
If yes, list Event #		•	·		·			
Last Name	First			MI	Contribution ID #			
Nastu		Michael		N	0128			
Residential Street Address	City			State	Zip Code			
15 Adolf Pl		Bridgeport		CT	06604			
Principal Occupation		Name of Employ	er					
Waiter/Bartender			's Restaurant					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a labbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (
government the contract is with: Executive Legislative	1	D : 1						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	01/	22/2015	\$5.00		\$5.00			
If yes, list Event #	01/	22/2013	\$3.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Nastu		Gloria		Α	0129			
Residential Street Address	City			State	Zip Code			
15 Adolf Pl		Bridgeport		СТ	06604			
Principal Occupation	-	Name of Employ	er	-	-			
Housewife		none						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a labbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (of a foodyfst:					
government the contract is with: Executive Legislative	1	p : 1	X No					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Service Personal Check	01/	22/2015	\$5.00		\$5.00			
If yes, list Event #	01/	22/2013	ψ3.00		45.00			
Last Name	First			MI	Contribution ID #			
Piccirillo		Lynn			0130			
Residential Street Address	City			State	Zip Code			
313 Beechwood Ave		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ	er	-	•			
Cashier Dept.		Stop	& Shop					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:			X 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	\ ₀₁ ,	22/2015	* F 00		¢Ε 00			
If yes, list Event #	01/	22/2015	\$5.00		\$5.00			

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Torres For State Rep. 129Th Itemized Statement accompanying application for Public Grant Original					ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Mangiacapra		Frank		S	0132				
Residential Street Address	City			State	Zip Code				
313 Beechwood Ave		Bridgeport		СТ	06604				
Principal Occupation		Name of Employ	er						
Cashier Dept.		Stop	& Shop						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		перенает стпа с	x No						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Dute	110001100	1.66.06ate continuations						
X No Cash Personal Check	01/	22/2015	\$5.00		\$5.00				
If yes, list Event #		•			·				
Last Name	First			MI	Contribution ID #				
Mangiacapra		Joseph		М	0131				
Residential Street Address	City			State	Zip Code				
311 Beechwood Ave		Bridgeport		СТ	06604				
Principal Occupation		Name of Employ	er						
Cashier Dept.		Stop	& Shop	_					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?						
government the contract is with:			x No						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X Cash Personal Check									
If yes, list Event # Money Order Credit/Debit Card	01/	22/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Bartsch	FIISt	Eric		F	0159				
Residential Street Address	City	LITE		State	Zip Code				
1042 Iranistan Ave	City	Bridgeport		CT	06604				
Principal Occupation		Name of Employ	er						
		Self							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	or a robbyist?						
government the contract is with:			x No						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	22/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Pacific	FIISt	Gregory		M	0177				
Residential Street Address	City	Oregory .		State	Zip Code				
185 Anton Dr	,	Bridgeport		CT	06606				
Principal Occupation		Name of Employ	er		1				
Retired									
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
Tulidasing event insect in Section 71:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	22/2015	\$10.00		\$10.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					Control De La Control				
Torres For State Rep. 129Th			Itemized Statement accompan Grant - Original	iying applicat	ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Dreher		Theodore		L	0153				
Residential Street Address	City			State	Zip Code				
331 Dover St	L.,	Bridgeport		СТ	06610				
Principal Occupation		Name of Employe							
		Retire	-						
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a le dependent child o	obbyist, spouse, or falobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Doto	Received	Aggregate Contributions	ŀ					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	01/3	22/2015	\$5.00		\$5.00				
If yes, list Event #	01/2	22/2013	45.00		45.00				
Last Name	First			MI	Contribution ID #				
Horvath		Nancy		L	0158				
Residential Street Address	City	,		State	Zip Code				
23 Rowsley St Apt 2		Bridgeport		СТ	06605				
Principal Occupation	•	Name of Employe	er	•					
retired									
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or General Administration Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child o	Ta lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? X No	l								
If yes, list Event #	01/2	22/2015	\$5.00		\$5.00				
Last Name	First	•		MI	Contribution ID #				
Anderson-Nelson	FIISt	Mary		E	0181				
Residential Street Address	City	rial y		State	Zip Code				
70 Unquowa Hill St .	City	Bridgeport		CT	06604				
Principal Occupation	<u> </u>	Name of Employe	er						
Senior Executive Assistant		Blum	Shapiro						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	ant of Contribution				
Yes X N If yes, indicate which branch or branches of	0	dependent child o							
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/2	22/2015	\$5.00		\$5.00				
		I		l	I				
Last Name	First	Markan		MI	Contribution ID #				
Cooper Residential Street Address	City	Meghan		Stata	0167				
221 Anthony St	City	Bridgeport		State CT	Zip Code 06605				
Principal Occupation	—	Name of Employe	er	Ci	00003				
типери оссиранов		rame of Employs							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	ınt of Contribution				
Yes X N	o	dependent child o	f a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
tundraising event instead in Section 31:	I								
If yes, list Event # Cash Personal Check No Money Order Credit/Debit Card	01/2	22/2015	\$5.00		\$5.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Torres For State Rep. 129Th Itemized Statement accompanying application for Public					ion for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Hopkins		Brian		М	0172			
Residential Street Address	City			State	Zip Code			
450 Midland St		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er					
Road Foreman of Engines		1 ATM	Metro North					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Dute	10001100	1.66. egate controlations					
X No Cash Personal Check	01/	22/2015	\$5.00		\$5.00			
If yes, list Event #		,	, , , , ,					
Last Name	First			MI	Contribution ID #			
Hopkins		Junell		В	0173			
Residential Street Address	City			State	Zip Code			
450 Midland St		Bridgeport		CT	06605			
Principal Occupation		Name of Employ	er					
		Self		-				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nnt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with:			x No					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X Cash Personal Check								
If yes, list Event # Money Order Credit/Debit Card	01/	22/2015	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Mastrojanni	FIISt	John		IVII	0157			
Residential Street Address	City	301111		State	Zip Code			
691 Garfield Ave	City	Bridgeport		CT	06606			
Principal Occupation		Name of Employ	er		1			
Barber								
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	-					
government the contract is with:			x No					
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions					
Tulidasing event instead in Section 71:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	23/2015	\$5.00		\$5.00			
T. O.	Б) d	G (3 (B)			
Last Name Lauris	First	Harry		MI C	Contribution ID # 0174			
Residential Street Address	City	Tidity		State	Zip Code			
70 Clarkson St	City	Bridgeport		CT	06605			
Principal Occupation	<u> </u>	Name of Employ	er	<u>.</u>				
· Fr · · · · · · · · ·		Retire						
Is contributor a principal of a state contractor or prospective state contractor?	2	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions					
Tulidasing event instead in Section 71:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	23/2015	\$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)					
Torres For State Rep. 129Th			Itemized Statement accompan Grant - Original	ying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuals	Grant Griginal		
Last Name	First			MI	Contribution ID #
Ippolito		Christopher		J	0138
Residential Street Address	City			State	Zip Code
140 Harborview Ave		Bridgeport		СТ	06605
Principal Occupation		Name of Employe	er		
Caterer		Self			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child o	obbyist, spouse, or f a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent enna o	·		
government the contract is with:	Dete	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	01/	23/2015	\$5.00		\$5.00
If yes, list Event #	01/	25/2015	ψ3.00		45.00
Last Name	First			MI	Contribution ID #
Feldman		Cameron		В	0120
Residential Street Address	City			State	Zip Code
535 Midland St		Bridgeport		СТ	06605
Principal Occupation	•	Name of Employe	er		
Business Analyst		Hexce	l Corp		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or General Administration Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child o	Ta lobbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? X No	l				
If yes, list Event #	01/2	23/2015	\$5.00		\$5.00
Last Name	First	•		MI	Contribution ID #
Stabler	First	George		IVII	0133
Residential Street Address	City	George		State	Zip Code
70 Boston Ter	City	Bridgeport		CT	06610
Principal Occupation		Name of Employe	er		
		Retire	d		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	ant of Contribution
	0	dependent child o	·		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tunidiasing event instead in Section 71?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/2	23/2015	\$5.00		\$5.00
					1
Last Name	First	_		MI	Contribution ID #
Cerreta	a:	Rosa		A	0135
Residential Street Address	City	Duideanaut		State CT	Zip Code
53 Imperial St Principal Occupation	<u> </u>	Bridgeport Name of Employe	or	CI	06606
ттера оссаранов		Retire			
Is contributor a principal of a state contractor or prospective state contractor?			11	Amou	ant of Contribution
Yes X N	0	dependent child o	Vac	1 222700	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
tundraising event instead in Section 31:					
If yes, list Event #	01/2	23/2015	\$5.00		\$5.00

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I MONETA BY DECEMBER (C. P. A. D.									
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Torres For State Rep. 129Th Itemized Statement accompanying application for Public Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Foley		Rosemarie			0127				
Residential Street Address	City			State	Zip Code				
155 Brewster St Apt 3A		Bridgeport		СТ	06605				
Principal Occupation	•	Name of Employ	er						
Playwright									
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a	Date	Received	Aggregate Contributions						
rundraising event fisted in Section 31?									
X No X Cash Personal Check	01/	24/2015	\$5.00		\$5.00				
If yes, list Event #		•			·				
Last Name	First			MI	Contribution ID #				
Costantini	1 1150	Nicole		M	0180				
Residential Street Address	City	Nicole		State	Zip Code				
147 Westfield Ave	City	Duideanaut			_				
		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ							
Teller		-	e's United Bank						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent cinia (
government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution: Yes Yes	Date	Received	Aggregate Contributions						
tundraising event listed in Section J1?									
X No T	01/	25/2015	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Klein		John		М	0185				
Residential Street Address	City			State	Zip Code				
15 Bartram Ave		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er	!					
Manager		Diage							
-			obbyist, spouse, or	Amou	int of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of							
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Dute	Received	Aggregate Contributions						
x No	01/	26/201E	¢E 00		\$5.00				
If yes, list Event # Money Order Credit/Debit Card	01/.	26/2015	\$5.00		\$5.00				
F									
Last Name	First			MI	Contribution ID #				
Cohane		Rita			0183				
Residential Street Address	City			State	Zip Code				
155 Brewster St		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	int of Contribution				
		dependent child of	of a foodyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
rundraising event listed in Section J1?									
x No	01/	26/2015	\$5.00		\$5.00				
If yes, list Event #	1		Ī	I					

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							1 age 47 01 00		
I. MONETA	ARY RECEIPT	S (Se	ction A-I)						
NAME OF COMMITTEE (Provide Complete Name as Registered w	vith Commission)	`		TYPE O	FREPORT				
Torres For State Rep. 129Th				Itemized Stater Grant - Origina		ying applica	ation for Public		
B. Itemized C	ontributions fro	m Ind	ividuals						
Last Name		First				MI	Contribution ID #		
Cohane		С	0184						
Residential Street Address		City				State	Zip Code		
155 Brewster St			Bridgeport			СТ	06605		
Principal Occupation			Name of Employe	r			-!		
Retired									
Is contributor a principal of a state contractor or prospective state contractor?	Yes X No	0	Is contributor a lo		Yes	Amo	ount of Contribution		
If yes, indicate which branch or branches of			dependent child o	t a lobbyist?					
government the contract is with:	egislative				x No				
Is this contribution associated with a fundraising event listed in Section 112		Date !	Received	Aggregate Contribu	itions				
rundraising event listed in Section 31:	Personal Check								
If yes, list Event #		\$5.00							
	Credit/Debit Card	l				L			
					Total of	Section B	\$4,926.00		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS	S (Secti	ons A	+ B) (Tot	al on Line 14 of Si	ummary Page)		\$4,926.00		
I. MONETA	ARY RECEIPT	S (Se	ection A-I)						
NAME OF COMMITTEE (Provide Complete Name as Registered wi	ith Commission)				ТҮРІ	E OF REP	ORT		
Towns For Chata Born 120Th					Itemized Stat	ement acco	omnanying		
Torres For State Rep. 129Th					application fo				
C1. Contribution	s from Other Co	mmit	tees						
Name of Committee			Name of Treasure	r					
Address	1								
			oution associated wi		Yes	No A	amount of Contribution		
	func	draising	event listed in Sect	ion J1?					
1			If yes, list Event #						
City State Z	Zip Code	Date Re	ceived	Aggregate Contr	ibutions				
					Γotal of Secti	on C1			

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE						ГҮРЕ OF F	REPORT			
Torres For State Rep. 129Th						Statement ac		ng application for		
C2. Reimbursements, Payments, or Surplus Distributions from other Committees										
Name of Committee				Name of Treasurer						
Address Date Received Am										
City	State Zip Code Reimbursement for shared expense Payment for goods and services									
					To	otal of Sect	tion C2			
I. MON	ETARY R	ECEIPT	S (Sect	tion A-I)						
NAME OF COMMITTEE					ТҮРЕ	OF REPO	RT			
Torres For State Rep. 129Th					Itemized St Public Gran		ompanying	application for		
D. Loa	ns Received	this Perio	od							
Name of Lender			Source of		Individu	nol (Other	Date of Receipt		
Street Address		City	Dank	Candidate	State	Zip Code		Is there a cosigner or Guarantor of this loan? Yes No		
Name of Cosigner/Guarantor (if applicable)		ı			ı	1		Amount Received		
Street Address		City			State	Zip Code				
						Total of	Section D	,		
I. MON	ETARY R	ECEIPT	'S (Sect	ion A-I)						
NAME OF COMMITTEE						TYPE OF	REPOR	Т		
Torres For State Rep. 129Th						mized Statem Public Grant		npanying application		
E. Personal Funds of the Candidate R	eceived this	Period (C	andidat	e Committees ON	LY)					
Date of Receipt 01/16/2015 Method of Payment X Cash	Per	sonal Check		Credit/Debit Card			Aı	s100.00		
					Total	of Section F		\$100.00		

I. M	onet	ary Receipts (Section A-I)							
NAME OF COMMITTEE TYPE OF REPORT									
Torres For State Rep. 129Th					nized Statement accomp olic Grant - Original	anying application for			
G. Interest fr	om D	Deposits in Authorized Accounts							
Name of Institution				Date Recei	ved	Amount			
Street Address	Cit	ty	State		Zip Code				
					Total of Section G				
Total of Section of									
I. MONE	ETAI	RY RECEIPTS (Section A-K)							
NAME OF COMMITTEE					TYPE OF REPORT				
Torres For State Rep. 129Th					mized Statement accomp blic Grant - Original	panying application for			
H. Public Grant Funds Received from the Citizens' Election Fund									
Purpose of Grant: Initial Grant Adjustment Supplemental/Post Election Deficit	rant Cy		Special E	Election	Date Received	Amount			
					Total of Section H				
I. MO	ONE'	TARY RECEIPTS (Section A-K))						
NAME OF COMMITTEE					TYPE OF REPOR	Т			
Torres For State Rep. 129Th					nized Statement accomp olic Grant - Original	anying application for			
I. Miscellaneous I	Mone	tary Receipts not Considered Contri	ibutio	ns					
Name				Date	e of Transaction	Amount Received			
Street Address		City	St	ate	Zip Code				
Description			•						
					Total of Section	1			

Total of Section J3

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)												
NAME OF COMMITTEE							TYPE OF	REP	ORT			
Torres For State Rep. 129Th							Itemized Statement for Public Grant - Or		panying	application		
	J1. Fund	raising Event Infor	mation				•					
Fundraising Event # Date of Fundraiser Letter	Description											
Location: Street Address						City			State	Zip Code		
Was this fundraising event hosted at a personal residence? Yes if yes, go to Section J3 In-Kind Don complete required information for p No invitations.										and		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. No												
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? Yes (If yes, enter Total Receipts here.)												
						To	otal of Section J1					
	II EUNDDAICE	NG EVENT ACT		Saatian	ng I1 I	[2)						
NAME OF COMMITTEE (President				Section	IS J1 - J		TVDE OF DE	DOD"				
NAME OF COMMITTEE (Provide Torres For State Rep. 129Th	Complete Name as Reg	istered with Commissi	on)			Ite	TYPE OF REPORT Itemized Statement accompanying application for					
Torres For State Rep. 129111	13 1 17 18	. N. G. 11	10 12			Pı	ublic Grant - Original					
	J3. In-Kind Donat	ions Not Considered	d Contrib	utions								
Name of the Donor												
Street Address				City					State	Zip Code		
Donation Given by: Individual	Description of Donation									rket Value of onation		
Business Entity	Date Received	Event #			Ag	gregate value	for this event					
Sole Proprietorship												

III. NONMONETARY RECEIPTS (Sections K - M)											
NAME OF COMMITTEE					TY	PE OF REI	PORT				
Torres For State Rep. 129Th Itemized Statement accompanying application for Public Grant - Original											
K. In-Kind Contributions											
Name											
Street Address				City			State	Zip Code			
Is this contribution associated with a fundraising event listed in Section 11? If yes, list Event# No		Description	of In-Kind Contribution				,				
	tractor?	indicate whi	of a state contractor or prosp ch branch or branches of attract is with:	pective state Exec	utive	Yes No Legislative	1	arket Value of this Contribution			
Type of Contributor: Individual Committee Sole I	Date Received Aggregate contributions										
individual Committee Sole i	Proprieto	orsnip									
					Total of	Section K					
III. Non Moi	ıetar	v Recei	pts (Sections K - N	M)							
NAME OF COMMITTEE (Provide Complete Name as Registered	l with	Commissi	on)		ТҮРІ	E OF REPO	ORT				
Torres For State Rep. 129Th					Itemized Stater Public Grant - 0		panying ap	olication for			
L. Refundable Deposit	to Te	lephone	Company								
Last Name of Individual		First Nam	ne		MI	Date Dep	oosit Made				
Residential Street Address	С	ity		State	Zip Code			nount of Deposit			
Name of Telephone company											
Street Address	City	7		State	Zip Code						
					Total of S	ection L					

III. NONMONETARY RECEIPTS (Sections K - M)											
NAME OF COMMITTEE	TYPE OF REPORT	TYPE OF REPORT									
Torres For State Rep. 129Th	Itemized Statement accompanying application for Public Grant - Original										
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee - OPTIONAL See Public Act 11-48											
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)	Name of Treasurer										
Street Address			Date Notice Received	Fair Market Value of Donation							
City	Zip Code	Aggregate Donations									
Description of Donation	Purpose of Expenditur A B	e C D									
			Total of Section M								

IV. EXPENDITURES (Sections N - S)											
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission)			TYPE (OF REPOR	Т					
Torres For State Rep. 129Th				temized Stater	tement accompanying application for						
	N. Expenses Paid By Comr	nittee			3						
Name of Payee CEF			Date of Payr 01/28/20		_ =	Payment Check # 1001 Debit Card					
Street Address Trinity Street		State CT	Zip Code								
Purpose of Expend CEF	Description Buffer Check					Amount					
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if a	enditure # oplicable)	Event #		\$1,276.00						
Name of Payee Jeffrey Wright			Date of Payr 01/28/20			ayment Check # 1002 Debit Card					
Street Address 1925 Huntington Tpke		City Trumbull			State CT	Zip Code 06611					
Purpose of Expend RCW	Description Reimbursement for expenditures recorded in secti	on "R"				Amount					
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if a	enditure # oplicable)	Event#			\$1,407.72					
				Total of	f Section N	\$2,683.72					

Total of Section P

		IV.	EXPEND	ITURES (Section	ons N - S))							
NAME OF COMMITTE	EE (Provide Comp	olete Name as Re	egistered with	Commission)					ТҮРІ	E OF RE	EPORT		
									Itemized Stater for Public Gran			ng application	on
		O. Expe	nses Paid B	y Candidate									
Name of Payee (Name of vendor	who candidate paid d	irectly)					Date of	Payme	nt	Is Reimbu	ursement C Yes	Claimed?	No
Street Address	ddress City State Zip Code						Amount Amount			mount			
Purpose of Expenditure (by code)	Description						Event #						
									Total	of Section	on O		
		IV. EXP	ENDITUR	ES (Sections N	- S)								
NAME OF COMMITTE	EE (Provide Com	plete Name as R	egistered with	Commission)					TYPE	OF REP	PORT		
Torres For State Rep.	129Th								emized Stateme Public Grant - Or		npanying	application	for
		P. Expense	s Incurred o	on Committee Cre	dit Card								
Name of Issuing Institution						Credit (/isa Other		Master (Card D	iscover		American Ex	press
Name of Vendor					•					Da	ate of Tran	saction	
Street Address					City					Sta	ate	Zip C	ode
Purpose of Expenditure (by code)	Description											Amount	
Is this expenditure coordina which reimbursement is sou		ndidate for		Yes No	Expenditur (if applicat			Event	#				
If yes, assign an Expenditur	e # and complete It	emization in Adder	ndum										

IV. EXPENDITURES (Sections N - S)											
NAME OF COMMITTE	NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF										
Torres For State Rep.		Itemized Statement accompanying application for Public Grant - Original									
Name of Creditor					Date Incurre	d					
Street Address	State	Zip Code									
Purpose of Expenditure (by code)	Description				l	unt Incurred ate or Actual)					
reimbursement is sought?	with another candidate for which und completes Itemization in Addendum Q	Expenditure # (if applicable)	Event #								
				Total of Section Q							

IV. EXPENDITURES (Sections N - S)											
NAME OF COMMITTEE (Provide C	Complete N	ame as Registered with Comr	nission)			TYPE OF RE	PORT				
Torres For State Rep. 129Th						Itemized Statement acco	ompanying application for				
R. 1	temizatio	on of Reimbursements to	Committee Wo	rkers and	Consul	tants					
Last Name of Worker/Consultant Wright		First	First MI Date of Pay Jeffrey 01/13/2			e of Payment	Method of Payment Check #				
		Jemey	32, 23, 2323				X Debit Card				
Secondary Payee Office Max											
Street Address			City				State	Zip Code			
696 Post Rd Fairfield							СТ	06430			
Purpose of Expenditure Description Amount (by code) Paperclips, Pens, highlighters								Amount			
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes	Yes X No Addendum R	Expenditure # (if applicable) Event #			Event #		\$28.48				
				ı	1	<u> </u>	Madead	of Payment			
Last Name of Worker/Consultant		First		MI	Date	e of Payment	l –	heck#			
Wright		Jeffrey			01/	/22/2015	x	Debit Card			
Secondary Payee Big Daddy's Signs											
Street Address			City				State	Zip Code			
24 Lexington Dr .			Laconia				NH	03246			
Purpose of Expenditure (by code) A-SIGN	Description							Amount			
Is this expenditure coordinated with another cand which reimbursement is sought?		Yes X No	Expend (if appl			Event#		\$1,290.26			

IV. EXPENDITURES (Sections N - S)											
NAME OF COMMITTEE (Provide Cor	ORT										
Torres For State Rep. 129Th							Statement accom	npanying ap	plication for		
R. Itemization of Reimbursements to Committee Workers and Consultants											
Last Name of Worker/Consultant Wright	First Jeffrey						Method of Payment Check # Debit Card				
Secondary Payee UPrinting.com											
Street Address			City					State	Zip Code		
8000 Haskell Ave Van Nuys								CA	91406		
Purpose of Expenditure Description (by code) cost of printing name tags Misc *									Amount		
Is this expenditure coordinated with another candidate for									\$88.98		
if yes, assign an Experience want compretes non	mzation in Addondum A						IG # P		\$1,407.72		
					10	otal of	f Section R		\$1,407.72		
	IV. EXPE	ENDITURI	ES (Sectuibs	N - S)							
NAME OF COMMITTEE (Provide Con	nplete Name as Register	ed with Comr	nission)			1	TYPE OF REPO	PORT			
Torres For State Rep. 129Th							Statement accompant - Original	panying app	olication for		
	S. Surplus Distril	bution of Eq	quipment and I	Furniture	•						
Name of Recipient											
Street Address		City			State		Zip Code		Original Purchase Amount of Item		
Description of Item		1			1						
							Total of Sect	tion S			