

Electronic Filing

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			SUM	IMARY	PAGE			
1.NAME OF COMMITTEE							2. TY	PE OF COMMITTEE
Merrill For Secretary Of The State Candidate Committee								
3. TREASURER NAME							•	-
Title	First Sheila			МІ В	Last Amdur			Suffix
4. TREASURER ADDRESS			_					
Street Address 132 Lawler Rd			City West	Hartford		State CT		Zip Code 06117
5. ELECTION DATE			6. 0	OFFICE SOUC	GHT (if applicable)	1	7. DISTI	RICT CODE (if applicable)
11/02/2010		Secretary of the Sta	ate					
8. CANDIDATE NAME	_						1	
Title	First Denise			МІ W .	Last Merrill			Suffix
9. TYPE OF REPORT	I			I	1			ł
Itemized Statement a	ccompanyin	g application for Pub	lic Gra	nt - Origina	al			
10. PERIOD COVERED								
		Beginning Date			Ending Date			
		04/01/2010	thr	u	06/30/2010			
			11 CEF	RTIFICATION	J			
			II. CLI	XIII/CATIOI	N			
✓ 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.								
Electronic Filing Jeremy Bohn 07/01/2010								
SIGNATURE						E CERTIFIED)	
					BLE BY FINE NOT TO EXCEED HAN ONE YEAR, OR BOTH.)		

SEEC FORM 30 Itemized Campaign Finance Disclosure Statement Candidates for Statewide Offices and General Assembly CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Rev. 1/08

NAME OF COMMITTEE	FILING DUE DATE	FILING DUE DATE					
Merrill For Secretary Of The State							
	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	\$28,406.88						
14. Contributions received from Individuals (Section A and B)	\$40,383.00	\$79,302.00					
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$100.00					
16. Other Monetary Receipts (Section D-I)	\$202.15	\$212.15					
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00					
18. Total Monetary Receipts (add totals for lines 14-17)	\$40,585.15	\$79,614.15					
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$68,992.03	\$79,614.15					
20. Expenses Paid by Committee (Section N)	\$45,721.46	\$56,343.58					
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$23,270.57	\$23,270.57					
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$1,252.18	\$3,220.71					
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)	\$0.00	\$0.00					
26. Beginning Loan Balance	\$0.00	\$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	\$0.00					
27. Campaign Expenses Paid By Candidate (Section O)	\$75.00	\$75.00					
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)	\$120.00						
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$120.00						

SUMMARY PAGE

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		I. MONETAR	Y RECEIP	TS (Sectio	n A-I)				
NAME OF COMMITTEE								FILING	DUE DATE
Merrill For Secretary Of The St	ate								
A. Total Contributions from (See instructions for definition of Small		Contributors-Recei	ved this Per			\$0.00			
		B. Itemized Con	tributions fro	om Individu	ials				
Last Name Leach	First Name William		MI	Cash	contribution: Personal G y Order X Credit/De		Contribution 0976	ID #	Amount of Contribution
Residential Street Address 35 Farnham Ave Apt 35		City New Haven		State CT	Zip Code 06515		ate Received 4/01/2010		
Principal Occupation		Name of Employer			Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	depend	tributor a lobbyis lent child of a lob Yes X	byist?	Aggre	gate Contributio \$10	ons)0.00	\$100.00
Last Name Pogmore	First Name Patricia		MI	Cash	contribution: Personal Q y Order X Credit/De		Contribution 0975	ID #	Amount of Contribution
Residential Street Address 18 York Rd		City Chaplin		State CT	Zip Code 06235		ate Received 4/01/2010		
Principal Occupation		Name of Employer		-	Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative	depend	tributor a lobbyis lent child of a lob Yes	byist?	Aggre	gate Contributio \$5	^{ons} 50.00	\$50.00
Last Name Brown	First Name Robert		MI	Cash	contribution: Personal G y Order X Credit/De		Contribution 0977	ID #	Amount of Contribution
Residential Street Address 587 Burritt St		City Plantsville	•	State CT	Zip Code 06479		ate Received 4/02/2010		
Principal Occupation		Name of Employer			Is this contribution associ fundraising event listed in If yes, list Event #				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislativ	depend	tributor a lobbyis lent child of a lob Yes X	byist?	Aggre	gate Contributio \$4	ons 10.00	\$40.00
Last Name Sewall	First Name Murphy		MI	Cash	contribution: Personal Q y Order X Credit/De		Contribution 0978	ID #	Amount of Contribution
Residential Street Address 156 Windham Center Rd		City Windham		State CT	Zip Code 06280		ate Received 4/03/2010		
Principal Occupation		Name of Employer		-!	Is this contribution associ fundraising event listed in If yes, list Event #		a 🗌 1? 🗶	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislativ	depend	tributor a lobbyis lent child of a lob Yes	byist?	Aggre	gate Contributio \$10	ons)0.00	\$100.00

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I. MONETARY RECEIPTS (Section A-I) FILING DUE DATE NAME OF COMMITTEE Merrill For Secretary Of The State **B.** Itemized Contributions from Individuals First Name Method of contribution Last Name MI Contribution ID # Amount of Cash Personal Check Pratt Alexa Contribution 0979 Money Order x Credit/Debit Card Date Received Residential Street Address City Zip Code State 04/05/2010 06901 50 Forest St Apt 1504 Stamford CT Is this contribution associated with a Principal Occupation Name of Employer Yes fundraising event listed in Section J1? X No If yes, list Event # Yes X No Is contributor a lobbyist, spouse, or Is contributor a principal of a state contractor or prospective Aggregate Contributions state contractor? dependent child of a lobbyist? \$100.00 \$100.00 Is yes, indicate which branch or branches of Executive Legislative Yes X No government the contract is with: Last Name First Name MI Method of contribution Contribution ID # Amount of Cash Personal Check Friedman Judith Contribution 0980 Money Order X Credit/Debit Card Residential Street Address City Date Received State Zip Code 06019 04/08/2010 101 Lawton Rd Canton CT Is this contribution associated with a Principal Occupation Name of Employer Yes fundraising event listed in Section J1? X No If yes, list Event # x _{No} Yes Is contributor a principal of a state contractor or prospective Is contributor a lobbyist, spouse, or Aggregate Contributions state contractor? dependent child of a lobbyist? \$100.00 \$100.00 Is yes, indicate which branch or branches of Yes Executive Legislative X No government the contract is with: Last Name First Name MI Method of contribution Contribution ID # Amount of x Cash Personal Check Treiber Elizabeth κ Contribution 0609 Money Order Credit/Debit Card Residential Street Address City State Zip Code Date Received 76 Latham Rd Willington СТ 06279 04/12/2010 Is this contribution associated with a Name of Employer Principal Occupation Yes fundraising event listed in Section J1? Regional Manager New Alliance Bank X No If yes, list Event # Is contributor a principal of a state contractor or prospective X No Is contributor a lobbvist, spouse, or Aggregate Contributions Yes state contractor? dependent child of a lobbyist? \$100.00 \$100.00 Is yes, indicate which branch or branches of Yes Executive Legislative X No government the contract is with: Last Name First Name MI Method of contribution Contribution ID # Amount of X Cash Personal Check Echeles Joram Contribution 0603 Money Order Credit/Debit Card Residential Street Address City State Zip Code Date Received 155 Standish Rd Coventry CT 06238 04/12/2010 Is this contribution associated with a Principal Occupation Name of Employer Yes fundraising event listed in Section J1? Zenith Color Group Sales Exec X No If yes, list Event # Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or Aggregate Contributions state contractor? dependent child of a lobbyist? \$15.00 \$15.00 Is yes, indicate which branch or branches of X No Executive Legislative Yes government the contract is with:

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
		B. Ite	emized Contributio	ons from	ı Individu	ials			
Last Name Haviland	First Name Derek			MI	Cash	contribution: X Personal G / Order Credit/De	Check 0605	ition ID #	Amount of Contribution
Residential Street Address 155 Standish Rd		^{City} Coventry			State CT	Zip Code 06238	Date Receive 04/12/20		
Principal Occupation Communications Director		Name of En CT Asso	nployer ciation for Communit	ty Action		Is this contribution associ fundraising event listed in If yes, list Event #	n Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist t child of a lob Yes	byist?	Aggregate Contri	butions \$20.00	\$20.00
Last Name Tessier	First Name Robert			MI	Cash	contribution: X Personal G y Order Credit/De	Check 0615	tion ID #	Amount of Contribution
Residential Street Address 32 Griswold St		^{City} Hartford			State CT	Zip Code 06114	Date Receive 04/12/20		
Principal Occupation Exec Director		Name of En CT Coalit Funds	nployer tion of Taft-hartley H	ealth	•	Is this contribution associ fundraising event listed in If yes, list Event #	n Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist t child of a lob /es X	byist?	Aggregate Contri	butions \$100.00	\$100.00
Last Name Brokman	First Name Matthew			MI	Cash	contribution: V Order Credit/De	Check 0622	tion ID #	Amount of Contribution
Residential Street Address 175 Dwight St		City New Have	en		State CT	Zip Code 06511	Date Receive 04/12/20]
Principal Occupation		Name of En AFSCME	nployer			Is this contribution associ fundraising event listed in If yes, list Event #	1 Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist t child of a lob 7es X	byist?	Aggregate Contri	butions \$100.00	\$100.00
Last Name Rinker	First Name Robert			MI	Cash	contribution: V Order	Check 0616	tion ID #	Amount of Contribution
Residential Street Address 49 Hearthstone Dr		City South Wi	ndsor		State CT	Zip Code 06074	Date Receive 04/12/20		
Principal Occupation Executive Director		Name of En CSEA SE	nployer IU Local 2001			Is this contribution associ fundraising event listed in If yes, list Event #	n Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist t child of a lob Tes X	byist?	Aggregate Contri	butions \$100.00	\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	G DUE DATE
Merrill For Secretary Of The St	ate								
		B. Ite	mized Contributi	ons from	Individu	ials		-	
Last Name Olson	First Name Melissa			MI	Cash	contribution: X Personal C / Order Credit/Del	0620	tion ID #	Amount of Contribution
Residential Street Address 150 Yantic St Unit 160		City Norwich			State CT	Zip Code 06360	Date Receive		
Principal Occupation Attorney		Name of Emp Embry & I				Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob 'es	byist?	Aggregate Contril	outions	\$100.00
Last Name Zalaski	First Name Bruce			MI	Cash	contribution: X Personal C y Order Credit/Del	0617	tion ID #	Amount of Contribution
Residential Street Address 57 Germania St		City Southingto	on		State CT	Zip Code 06489	Date Receive 04/12/203		
Principal Occupation Power press set-up		Name of Emp Associated	^{ployer} d Spring Co			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate Contril	outions	\$100.00
Last Name Hamm	First Name Gail			MI K	Cash	contribution: X Personal C / Order Credit/Del	0611	tion ID #	Amount of Contribution
Residential Street Address 1 Spice Hill Dr		City East Hamp	pton		State CT	Zip Code 06424	Date Receive		
Principal Occupation legislator		Name of Emp state of ct			-	Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contril	outions	\$100.00
Last Name tercyak	First Name Peter			MI	Cash	contribution: X Personal C / Order Credit/Del	0621	tion ID #	Amount of Contribution
Residential Street Address 150 Belridge Rd		^{City} New Britai	n		State CT	Zip Code 06053	Date Receive		
Principal Occupation RN		Name of Emp New Engla	^{ployer} and Home Health Ca	are Inc		Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist child of a lob 'es	byist?	Aggregate Contril	outions	\$100.00

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I. MONETARY RECEIPTS (Section A-I) FILING DUE DATE NAME OF COMMITTEE Merrill For Secretary Of The State **B.** Itemized Contributions from Individuals First Name Method of contribution Last Name MI Contribution ID # Amount of X Personal Check Cash Daly Edward J Contribution 0613 Money Order Credit/Debit Card Date Received Residential Street Address City Zip Code State 04/12/2010 30 Gottier Dr 06066 Vernon CT Is this contribution associated with a Principal Occupation Name of Employer Yes fundraising event listed in Section J1? n/a retired X No If yes, list Event # Yes X No Is contributor a lobbyist, spouse, or Is contributor a principal of a state contractor or prospective Aggregate Contributions state contractor? dependent child of a lobbyist? \$25.00 \$25.00 Is yes, indicate which branch or branches of Executive Legislative Yes X No government the contract is with: Last Name First Name MI Method of contribution Contribution ID # Amount of X Personal Check Cash Peters Thomas J Contribution 0614 Money Order Credit/Debit Card Residential Street Address Citv Date Received State Zip Code 06250 04/12/2010 27 Michelle Ln Mansfield Center CT Is this contribution associated with a Principal Occupation Name of Employer Yes Yes fundraising event listed in Section J1? UConn-Storrs Professor X No If yes, list Event # x _{No} Yes Is contributor a lobbyist, spouse, or Is contributor a principal of a state contractor or prospective Aggregate Contributions state contractor? dependent child of a lobbyist? \$35.00 \$35.00 Is yes, indicate which branch or branches of Yes Executive Legislative X No government the contract is with: Last Name First Name MI Method of contribution Contribution ID # Amount of x Cash Personal Check Fox Darina Contribution 0607 Money Order Credit/Debit Card Residential Street Address City State Zip Code Date Received 3 Storrs Heights Rd Storrs СТ 06268 04/12/2010 Is this contribution associated with a Principal Occupation Name of Employer Yes fundraising event listed in Section J1? Manchester School District Teacher X No If yes, list Event # x _{No} Is contributor a principal of a state contractor or prospective Is contributor a lobbvist, spouse, or Aggregate Contributions Yes state contractor? dependent child of a lobbyist? \$100.00 \$100.00 Is yes, indicate which branch or branches of Yes Executive Legislative X No government the contract is with: Last Name First Name MI Method of contribution Contribution ID # Amount of X Personal Check Cash Fox Alexander v Contribution 0608 Money Order Credit/Debit Card Residential Street Address City State Zip Code Date Received 3 Storrs Heights Rd Storrs CT 06268 04/12/2010 Is this contribution associated with a Principal Occupation Name of Employer Yes fundraising event listed in Section J1? Schuco USA LLP salesman X No If yes, list Event # x _{No} Is contributor a principal of a state contractor or prospective Yes Is contributor a lobbyist, spouse, or Aggregate Contributions state contractor? dependent child of a lobbyist? \$100.00 \$100.00 Is yes, indicate which branch or branches of Executive Legislative Yes X No government the contract is with:

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
		B. Ite	emized Contributi	ons from	Individu	ials			
Last Name	First Name			MI		contribution:		tion ID #	Amount of
Calabrese	Chris	-			X Cash Money	y Order Personal C	0604		Contribution
Residential Street Address		City			State	Zip Code	Date Receiv	ed	
32 Apple Hill Dr .		Watertow	'n		СТ	06795	04/12/20	10	ļ
Principal Occupation		Name of En	nployer			Is this contribution associa		Yes	
clerk-education committee		House D	emocrats	-		fundraising event listed in If yes, list Event #	Section J1?	X No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggregate Contr	ibutions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	dependent	child of a lob es			\$10.00	\$10.00
Last Name	First Name			MI	Method of	contribution:		tion ID #	Amount of
Vitullo	Elizabeth			R	Cash Money	y Order Credit/Det	0612		Contribution
Residential Street Address		City			State	Zip Code	Date Receiv	ed	
146 East Rd		Storrs			СТ	06268	04/12/20	10	ļ
Principal Occupation		Name of En	nployer			Is this contribution associa		Yes	
Paralegal		UConn				fundraising event listed in If yes, list Event #	Section J1?	X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob res	byist?	Aggregate Contr	ibutions \$100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	Contrib	ition ID #	Amount of
Daly	Elizabeth				Cash Money	y Order	Check 0618		Contribution
Residential Street Address		City			State	Zip Code	Date Receiv	ed	
110 Jonathan Dr		Vernon			СТ		04/12/20	10	
Principal Occupation		Name of En state of e				Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyist	t, spouse, or	Aggregate Contr	ibutions	†
state contractor? Is yes, indicate which branch or branches of	_		_		child of a lob		20 . 2	\$25.00	\$25.00
government the contract is with:		Executive	Legislative		res X	No			
Last Name	First Name			MI		contribution:		tion ID #	Amount of
Mason	Matthew	-			Cash Money	y Order Credit/Deb	0619		Contribution
Residential Street Address		City			State	Zip Code	Date Receiv		
550 Prospect St N # 15		New Have	en		СТ	06511	04/12/20	10	ļ
Principal Occupation		Name of En				Is this contribution association		Yes	
Organizer		District 1	.199 N.E			fundraising event listed in If yes, list Event #		X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No		utor a lobbyist child of a lob	byist?	Aggregate Contr	ibutions \$20.00	\$20.00
government the contract is with:		Executive	Legislative	Y	'es X	No			

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Merrill For Secretary Of The St	ate									
		B. Itemized Contribut	ions from	ı Individu	lals		-			
Last Name	First Name		MI		contribution:	Contributi	on ID #	Amount of		
Sylvia	Alison			Cash Money	Order Credit/Debi	0623		Contribution		
Residential Street Address		City		State	Zip Code	Date Received				
28 Butlertown Rd		Waterford		СТ	06385	04/12/201		ł		
Principal Occupation organizer/health care worker		Name of Employer SEIU 1199			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist t child of a lob Tes X	byist?	Aggregate Contrib	utions \$20.00	\$20.00		
Last Name Lesser	First Name Matthew		MI	X Cash	contribution: Personal Cl v Order Credit/Debi	0624	on ID #	Amount of Contribution		
Residential Street Address 1160 S Main St # 116		^{City} Middletown		State CT	Zip Code 06457	Date Received 04/12/201				
Principal Occupation legislator		Name of Employer State of CT			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist t child of a lob Tes	byist?	Aggregate Contrib	utions \$10.00	\$10.00		
Last Name Hubbard	First Name Jesse		MI	Cash	contribution: X Personal Cl v Order Credit/Debi	0626	on ID #	Amount of Contribution		
Residential Street Address 4 Juniper Meadow Rd		^{City} Washington Depot		State CT	Zip Code 06794	Date Received 04/12/201				
Principal Occupation Policy Aide		Name of Employer CT General Assembly			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist t child of a lob Tes X	byist?	Aggregate Contrib	utions \$50.00	\$50.00		
Last Name Webb	First Name Jeanne		MI	Cash	contribution: X Personal Cl v Order Credit/Debi	0610	on ID #	Amount of Contribution		
Residential Street Address 255 Hebron Rd	I	City Bolton		State CT	Zip Code 06043	Date Received 04/12/201				
Principal Occupation govt employee		Name of Employer Town of east Hartford			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No		utor a lobbyist t child of a lob Yes X	byist?	Aggregate Contrib	utions \$25.00	\$25.00		

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	G DUE DATE	
Merrill For Secretary Of The St	ate									
		B. Ite	emized Contributi	ons from	ı Individu	ials				
Last Name	First Name			MI		contribution:	Contribu	tion ID #	Amount of	
Paul	C. Thoma	S			Cash	y Order Personal C Credit/Del	0606		Contribution	
Residential Street Address		City			State	Zip Code	Date Receive	d]	
813 Summer Hill Rd		Madison			СТ	06443	04/12/203	10	ļ	
Principal Occupation		Name of En	nployer			Is this contribution association fundraising event listed in		Yes		
retired		n/a				If yes, list Event #		X No		
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist	-	Aggregate Contril	outions	1	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	dependent	child of a lob Yes			\$25.00	\$25.00	
Last Name	First Name			MI	Method of	contribution:	Contribu	tion ID #	Amount of	
Pickus	David				Cash	y Order Personal C Credit/Del	0625		Contribution	
Residential Street Address		City			State	Zip Code	Date Receive	d		
306 S Main St		West Har	tford		СТ	06107	04/14/203	10	ļ	
Principal Occupation		Name of En				Is this contribution association fundraising event listed in		Yes		
Union Representative		N.E. Hea	Ith Care Employees	Union		If yes, list Event #		X No		
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist	-	Aggregate Contril	outions	Ī	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob es			\$20.00	\$20.00	
government the contract is with:	First Name	Literative		MI		contribution:	Contribu	tion ID #		
Cohen	Steven			E	Cash	V Personal C v Order Credit/Del	Theck 0628	uon ID #	Amount of Contribution	
Residential Street Address		City			State	Zip Code	Date Receive	d		
142 Gilman St		Bridgepor	t		СТ		04/15/203	10	ļ	
Principal Occupation		Name of En				Is this contribution association fundraising event listed in		Yes		
faculty		State of	CT - Norwalk Comm	. College		If yes, list Event #		X No		
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggregate Contril	outions	Ī	
state contractor? Is yes, indicate which branch or branches of		F (1)			child of a lob es			\$20.00	\$20.00	
government the contract is with:		Executive	Legislative		ı –					
Last Name Bosco	First Name Virginia			MI	Method of Cash	contribution: Personal C	heck	tion ID #	Amount of Contribution	
	<u>.</u>	i				y Order Credit/Del	bit Card 0629			
Residential Street Address		City			State	Zip Code	Date Receive			
14 South Ln		Redding			СТ		04/15/20:	10	ł	
Principal Occupation		Name of En	nployer ster Medical Center			Is this contribution associ- fundraising event listed in	Section J1?	Yes		
Nurse		westches	ster metaltar Ceriter			If yes, list Event #	[X No		
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	· • ·	Aggregate Contril	outions]	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	dependent	child of a lob es		4	\$100.00	\$100.00	
government the contract is with:		Executive	Legisiduve			110				

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILIN	G DUE DATE	
Merrill For Secretary Of The St	ate									
		B. Ite	emized Contribut	ions fron	ı Individı	ials		·		
Last Name	First Name			MI	Method of	contribution:		oution ID #	Amount of	
Bosco	David				Cash Money	y Order Credit/Deb	0630		Contribution	
Residential Street Address		City			State	Zip Code	Date Recei			
14 South Ln		Redding			СТ	06878	04/15/2	010	1	
Principal Occupation		Name of Er				Is this contribution associa fundraising event listed in		Yes		
Union Rep		SEIU Loo	cal 1973			If yes, list Event #		X No		
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis		Aggregate Con	ributions		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		t child of a lob Yes			\$100.00	\$100.00	
Last Name	First Name			MI	Method of	contribution:		oution ID #	Amount of	
рара	Tammy				Cash Money	y Order Credit/Deb	0631		Contribution	
Residential Street Address		City			State	Zip Code	Date Recei	ved		
52 William Henry Dr		Monroe			СТ		04/15/2	010	1	
Principal Occupation		Name of En				Is this contribution associa fundraising event listed in		Yes		
Director of Lighthouse Program		City of B	ridgeport			If yes, list Event #	Section 31?	X No		
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis	-	Aggregate Con	ributions		
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		t child of a lob Yes X			\$50.00	\$50.00	
Last Name	First Name			MI	Method of	contribution:	Contri	oution ID #	Amount of	
Brown	Mary	-		G	Cash Money	y Order Credit/Deb	0633		Contribution	
Residential Street Address		City			State	Zip Code	Date Recei	ved		
245 Sailors Ln		Bridgepo	rt		СТ		04/15/2	010		
Principal Occupation		Name of Er	nployer			Is this contribution associa		Yes		
teacher		retired				fundraising event listed in If yes, list Event #	Section J1?	X No		
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis		Aggregate Con	ributions		
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		t child of a lob Yes			\$25.00	\$25.00	
government the contract is with:		Excentive	Legislative		1					
Last Name Soltis	First Name John			MI	Cash	contribution:	heck	oution ID #	Amount of Contribution	
		-				y Order Credit/Deb	of 32		Controlution	
Residential Street Address		City			State	Zip Code	Date Recei	ved		
93 Ellsworth St # 210		Bridgepo	rt		СТ	06605	04/15/2	010	1	
Principal Occupation		Name of Er	nployer			Is this contribution associa		Yes		
Librarian		Bridgepo	ort Public Library			fundraising event listed in If yes, list Event #	Section J1?	X No		
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis	-	Aggregate Con	ributions]	
state contractor? Is yes, indicate which branch or branches of		Ensent		dependen	t child of a lob Yes	-		\$50.00	\$50.00	
government the contract is with:		Executive	Legislative		1 05	INO				

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Merrill For Secretary Of The St	ate									
		B. Itemized Contribut	tions fron	n Individu	ials					
Last Name Casper	First Name Cindy		MI	X Cash	contribution: Personal Cl / Order Credit/Deb	0627	on ID #	Amount of Contribution		
Residential Street Address 142 Gilman St		City Bridgeport		State CT	Zip Code 06605	Date Received 04/15/201				
Principal Occupation Professor		Name of Employer Norwalk Community College	2		Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		outor a lobbyis t child of a lob Yes	byist?	Aggregate Contrib	utions \$20.00	\$20.00		
Last Name Hale	First Name Stanton		MI	Cash	contribution: Personal Cl Order X Credit/Deb	0981	on ID #	Amount of Contribution		
Residential Street Address 130 Mullen Hill Rd		City Windham		State CT	Zip Code 06280	Date Received 04/16/201				
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependen	outor a lobbyis t child of a lob Yes X	byist?	Aggregate Contrib	utions 100.00	\$100.00		
Last Name Stollenwerck	First Name Allyson		MI	Cash	contribution: Personal Cl / Order X Credit/Deb	0982	on ID #	Amount of Contribution		
Residential Street Address 27 Hermit Ln		City Westport		State CT	Zip Code 06880	Date Received 04/16/201				
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes X	byist?	Aggregate Contrib	utions 100.00	\$100.00		
Last Name Sumner	First Name David		MI	Cash	contribution: Personal Cl Order X Credit/Deb	0983	on ID #	Amount of Contribution		
Residential Street Address 684 Cedar Swamp Rd		City Coventry		State CT	Zip Code 06238	Date Received 04/20/201				
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No		outor a lobbyis t child of a lob Yes X	byist?	Aggregate Contrib	utions \$25.00	\$25.00		

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	G DUE DATE	
Merrill For Secretary Of The St	ate									
		B. It	emized Contributi	ons from	ı Individu	ials				
Last Name Emmett	First Name Kathryn			MI	Cash	contribution: Personal C v Order X Credit/Det	0985	ion ID #	Amount of Contribution	
Residential Street Address 47 Old Long Ridge Rd		^{City} Stamford	1		State CT	Zip Code 06903	Date Received 04/21/201			
Principal Occupation		Name of Er	nployer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contrib	utions 100.00	\$100.00	
Last Name Mack	First Name Frank			MI	Cash	contribution: Personal C v Order X Credit/Det	0984	ion ID #	Amount of Contribution	
Residential Street Address 151 Highland Rd		^{City} Mansfield	l Center		State CT	Zip Code 06250	Date Received 04/21/201			
Principal Occupation		Name of Er	nployer		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contrib	utions 100.00	\$100.00	
Last Name Parker	First Name David			MI	Cash	contribution: Personal C v Order X Credit/Det	0986	ion ID #	Amount of Contribution	
Residential Street Address 80 N Main St # 5B-2		^{City} Kent			State CT	Zip Code 06757	Date Received 04/22/201			
Principal Occupation		Name of Er	nployer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes	byist?	Aggregate Contrib	utions \$25.00	\$25.00	
Last Name Golden	First Name Fran			MI	Cash	contribution: Personal C v Order X Credit/Det	0987	ion ID #	Amount of Contribution	
Residential Street Address 15 Channel Center St # 405		City Boston			State MA	Zip Code 02210	Date Received 04/23/201			
Principal Occupation		Name of Er	nployer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	· · ·	Executive	Yes X No		utor a lobbyist child of a lob 'es X	byist?	Aggregate Contrib	utions 100.00	\$100.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FII	LING DUE DATE	
Merrill For Secretary Of The St	ate									
		B. It	emized Contributi	ons from	ı Individu	ials				
Last Name	First Name			MI	Method of	contribution:		ontribution ID	# Amount of	
DePaul	Dennis				Cash	/ Order X Credit/Deb	09	988	Contribution	
Residential Street Address		City			State	Zip Code	Date R	Received		
501 Skiff Mountain Rd		Kent			СТ	06757	04/24	4/2010		
Principal Occupation		Name of E	mployer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes	s	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate (Contributions \$100.0	00 \$100.00	
Last Name Boothroyd	First Name Stacy			MI	Cash	contribution: Personal C Order X Credit/Det	heck 09	ontribution ID : 991	# Amount of Contribution	
Residential Street Address		City			State	Zip Code	Date R	Received		
6 Quail Run Rd		Storrs			СТ	06268	04/24	4/2010		
Principal Occupation		Name of E	nployer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate (Contributions \$15.0	00 \$15.00	
Last Name McChesney	First Name Judith			MI	Method of Cash	contribution:	heck	ontribution ID	# Amount of Contribution	
		1			Money	/ Order X Credit/Deb	oit Card	505		
Residential Street Address 98 Summitt Rd		City Storrs			State CT	Zip Code 06268		Received 4/2010		
Principal Occupation		Name of E	nployer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X	3	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate (Contributions \$50.0	00 \$50.00	
Last Name	First Name			MI	Method of	contribution:	Co	ontribution ID	# Amount of	
McChesney	David				Cash Money	/ Order X Credit/Deb	09	990	Contribution	
Residential Street Address 98 Summitt Rd		City Storrs			State CT	Zip Code 06268		Received 4/2010		
Principal Occupation		Name of E	nployer		ļ <u>-</u> .	Is this contribution associa fundraising event listed in	ated with a	Yes X No		
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyist child of a lob		Aggregate (Contributions \$50.0	00 \$50.00	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	res X	No		+- 510		

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		I. MONET	TARY REC	CEIPTS	6 (Section	n A-I)			
NAME OF COMMITTEE								FILING	G DUE DATE
Merrill For Secretary Of The St	ate								
		B. Itemized	Contributio	ons from	Individu	lals			
Last Name Merriam	First Name Dwight			MI	Method of o Cash Money	contribution: Personal C v Order X Credit/Del	0992	ion ID #	Amount of Contribution
Residential Street Address 80 Latimer Ln		City Weatogue			State CT	Zip Code 06089	Date Received 04/25/201		
Principal Occupation		Name of Employer				Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Leg	X No		utor a lobbyist child of a lob res	byist?	Aggregate Contrib	utions 100.00	\$100.00
Last Name Desiato	First Name Susan			MI	Method of d Cash Money	contribution: Personal C Order X Credit/Del	0994	ion ID #	Amount of Contribution
Residential Street Address 999 Stafford Rd		City Storrs			State CT	Zip Code 06268	Date Received 04/25/201		
Principal Occupation		Name of Employer				Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes	X No	dependent	utor a lobbyist child of a lob res X	byist?	Aggregate Contrib	utions 100.00	\$100.00
Last Name DeSiato	First Name Philip			MI	Method of o Cash Money	contribution: Personal C v Order X Credit/Del	0993	ion ID #	Amount of Contribution
Residential Street Address 999 Stafford Rd		City Storrs			State CT	Zip Code 06268	Date Received 04/25/201		
Principal Occupation		Name of Employer				Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Leg		dependent	utor a lobbyist child of a lob es X	byist?	Aggregate Contrib	utions 100.00	\$100.00
Last Name Koe	First Name Kenneth			MI	Method of o Cash Money	contribution: Personal C v Order X Credit/Del	0996	ion ID #	Amount of Contribution
Residential Street Address 41 Woodbridge Cir		City Gales Ferry			State CT	Zip Code 06335	Date Received 04/27/201		
Principal Occupation		Name of Employer				Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Leg			utor a lobbyist child of a lob es X	byist?	Aggregate Contrib	utions 100.00	\$100.00

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		I. MONETARY F	RECEIPT	'S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Merrill For Secretary Of The St	ate							
		B. Itemized Contrib	utions from	n Individu	ials		-	
Last Name lePine	First Name Susan		MI	Cash	contribution: Personal Cl v Order X Credit/Deb	0997	on ID #	Amount of Contribution
Residential Street Address 156 Coventry Rd		City Mansfield		State CT	Zip Code 06250	Date Received 04/27/201		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	depender	butor a lobbyis nt child of a lob Yes	byist?	Aggregate Contrib	utions 100.00	\$100.00
Last Name Morningstar	First Name Jean	-	MI	Cash	contribution: Personal Cl Order X Credit/Deb	0995	on ID #	Amount of Contribution
Residential Street Address 29 Lewis Ln		City West Hartford		State CT	Zip Code 06110	Date Received 04/27/201		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	depender	butor a lobbyis nt child of a lob Yes	byist?	Aggregate Contrib	utions 100.00	\$100.00
Last Name Burr	First Name Kathleen		MI	Cash	contribution: Personal Cl / Order X Credit/Deb	0998	on ID #	Amount of Contribution
Residential Street Address 119 West St		City South Windsor		State CT	Zip Code 06074	Date Received 04/29/201		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	depender	butor a lobbyis nt child of a lob Yes	byist?	Aggregate Contrib	utions 100.00	\$100.00
Last Name Smith	First Name Richard		MI	Cash	contribution: X Personal Cl / Order Credit/Deb	0714	on ID #	Amount of Contribution
Residential Street Address 59 Sixth Avve		City Milford		State CT	Zip Code 06460	Date Received 04/30/201		
Principal Occupation director		Name of Employer AT&T			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	· · ·	Yes X No		butor a lobbyis nt child of a lob Yes	byist?	Aggregate Contrib	utions 100.00	\$100.00

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		I. M	IONETARY RE	CEIPTS	6 (Section	n A-I)			
NAME OF COMMITTEE								FILING	G DUE DATE
Merrill For Secretary Of The St	ate								
		B. Ite	emized Contributi	ons from	Individu	ials			
Last Name Golden	First Name Janet			MI	Cash	contribution: X Personal C / Order Credit/Del	0722	ion ID #	Amount of Contribution
Residential Street Address 722 Oronoque Rd	-	City Milford			State CT	Zip Code 06462	Date Received 04/30/201		
Principal Occupation Milford BOE		Name of Er Milford P	nployer ublic Schools			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob 'es	byist?	Aggregate Contrib	stions \$5.00	\$5.00
Last Name Malone	First Name Letitia			MI	Cash	contribution: X Personal C y Order Credit/Del	0723	ion ID #	Amount of Contribution
Residential Street Address 14 Eighth Ave		^{City} Milford			State CT	Zip Code 06460	Date Received 04/30/201		
Principal Occupation retired		Name of Er retired	nployer			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob res X	byist?	Aggregate Contrib	outions \$35.00	\$35.00
Last Name Kantrowitz	First Name Jonathan			MI	Cash	contribution: X Personal C / Order Credit/Del	0725	ion ID #	Amount of Contribution
Residential Street Address 877 Burr St		^{City} Fairfield			State CT	Zip Code	Date Received 04/30/201		
Principal Occupation CEO		Name of Er Queue, I	1 0			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es	byist?	Aggregate Contrib	outions \$35.00	\$35.00
Last Name Mullan	First Name Kate			MI	Cash	contribution: X Personal C y Order Credit/Del	0670	ion ID #	Amount of Contribution
Residential Street Address 86 Worthington Rd		City Glastonb			State CT	Zip Code 06033	Date Received 04/30/201		
Principal Occupation n/a		Name of Er	nployer	-		Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist child of a lob 'es	byist?	Aggregate Contrib	outions \$20.00	\$20.00

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		I. M	ONETARY RE	CEIPTS	6 (Section	n A-I)			
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
		B. Iter	mized Contributi	ons from	ı Individu	ials			
Last Name Sampietro	First Name Virginia			MI	Cash	contribution: X Personal O / Order Credit/De	Check 0662	ition ID #	Amount of Contribution
Residential Street Address 29 Highland St		City Moosup			State CT	Zip Code 06354	Date Receiv 04/30/20		
Principal Occupation Dir. of Strategic Development		Name of Emp Eastern C Board	bloyer T Workforce Investr	ment		Is this contribution associ fundraising event listed in If yes, list Event #	n Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contr	ibutions \$20.00	\$20.00
Last Name Bellamy	First Name Janet			MI	Cash	contribution: X Personal G y Order Credit/De	Check 0691	ntion ID #	Amount of Contribution
Residential Street Address 11 Sunset Dr		City Ashford			State CT	Zip Code 06278	Date Receiv 04/30/20		
Principal Occupation occupational therapist		Name of Emp Therapeut	bloyer tic Enterprises			Is this contribution associ fundraising event listed in If yes, list Event # 04		X Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contr	ibutions \$25.00	\$25.00
Last Name Stith	First Name kate			MI	Cash	contribution: V Order Credit/De	Check 0667	ition ID #	Amount of Contribution
Residential Street Address 65 Sperry Rd		^{City} Bethany			State CT	Zip Code 06524	Date Receiv 04/30/20]
Principal Occupation Law Professor		Name of Emp Yale Unive				Is this contribution associ fundraising event listed in If yes, list Event #	1 Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes	byist?	Aggregate Contr	ibutions \$100.00	\$100.00
Last Name Marquis	First Name Tessa			MI	Cash	contribution: X Personal G / Order Credit/De	Check 0716	ntion ID #	Amount of Contribution
Residential Street Address 67 Pt Beach Dr		City Milford			State CT	Zip Code 06460	Date Receiv 04/30/20		
Principal Occupation Project Coordinator		Name of Emp New Stan	oloyer dard Institute			Is this contribution associ fundraising event listed in If yes, list Event #	n Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contr	ibutions \$50.00	\$50.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE								FILING	G DUE DATE
Merrill For Secretary Of The St	ate								
		B. It	emized Contributi	ons fron	ı Individu	ials			
Last Name	First Name			MI	Method of	contribution:	Contribut	ion ID #	Amount of
Garvey	David				Cash Money	y Order Credit/Deb	0688		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	1	
104 Jonathan Ln		Storrs			СТ	06268	04/30/201	.0	ļ
Principal Occupation		Name of Er				Is this contribution associa fundraising event listed in		X Yes	
Administration		Universit	cy of CI			, °		No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis	· • ·	Aggregate Contrib	outions	1
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	dependent	child of a lob es			\$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:	Contribut	ion ID #	Amount of
Bohn	Robert				Cash	V Order Credit/Deb	0679		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	1	
77 Stonemill Rd		Storrs			СТ	06268	04/30/201	.0	
Principal Occupation		Name of Er	nployer		-	Is this contribution associa fundraising event listed in		x Yes	
professor		UConn				-		No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggregate Contrib	outions	1
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob es		\$	100.00	\$100.00
government the contract is with:	First Name	Executive				contribution:	Contribut	: ID #	
Bohn	Terri	-		111	Cash	y Order	heck 0680	ion ID #	Amount of Contribution
Residential Street Address		City			State	Zip Code	Date Receive	1	
77 Stonemill Rd		Storrs			СТ	06268	04/30/201	.0	ļ
Principal Occupation		Name of Er	1 0			Is this contribution associa fundraising event listed in	ated with a Section J1?	X Yes	
teacher/administrator		windnan	n Public Schools			If yes, list Event # 042		No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggregate Contrib	outions	Ī
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		child of a lob Yes		\$	100.00	\$100.00
government the contract is with:	First Name			мі	1	contribution:		·	
Rosen	Justin				Cash	V Personal C v Order	0726	ion ID #	Amount of Contribution
Residential Street Address		City			State	Zip Code	Date Receive	1	
762 E Broadway		Milford			СТ	06460	04/30/201	.0	ļ
Principal Occupation		Name of Er				Is this contribution associa fundraising event listed in		Yes	
Legislative Aide		State of	CI			If yes, list Event #		× No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggregate Contrib	outions	1
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	dependent	child of a lob es			\$25.00	\$25.00
government the contract is with:					~				

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		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
		B. Ite	emized Contributi	ons fron	ı Individu	ials		-	
Last Name	First Name			MI	Method of	contribution:	Contribu	tion ID #	Amount of
Kelsey	Henry				Cash Money	V Order Credit/Deb	0668		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	d	1
138 Sandy Point Rd		Old Sayb	rook		СТ	06475	04/30/203	LO	ļ
Principal Occupation		Name of En	nployer		-	Is this contribution associa fundraising event listed in		Yes	
retired		retired				If yes, list Event #		X No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist	-	Aggregate Contril	outions	1
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	dependent	child of a lob Yes			\$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:	Contribu	tion ID #	Amount of
Piel	Liz				Cash Money	V Order Credit/Deb	0647		Contribution
Residential Street Address	-	City			State	Zip Code	Date Receive	d	
286 Route 41		Sharon			СТ	06069	04/30/203	LO	
Principal Occupation		Name of En				Is this contribution associa fundraising event listed in		Yes	
Registrar of Voters		Town of	Sharon			If yes, list Event #		X No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyist	-	Aggregate Contril	outions	†
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		child of a lob es			\$50.00	\$50.00
government the contract is with:	First Name	Executive		МІ	1	contribution:		·	
Morrill	William			F	Cash	y Order	heck 0665	tion ID #	Amount of Contribution
Residential Street Address		City			State	Zip Code	Date Receive	d]
140 Bunker Hill Rd		Salisbury			СТ	06068	04/30/203	LO	
Principal Occupation		Name of En	nployer		-	Is this contribution associa fundraising event listed in		Yes	
retired		n/a				If yes, list Event #		x No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggregate Contril	outions	1
state contractor? Is yes, indicate which branch or branches of					child of a lob Yes		4	5100.00	\$100.00
government the contract is with:		Executive	Legislative		ı –		1		
Last Name Morrill	First Name Mary Sue			MI	Method of Cash	contribution:	heck	tion ID #	Amount of Contribution
						y Order Credit/Deb	oit Card 0666		Contribution
Residential Street Address		City			State	Zip Code	Date Receive		
140 Bunker Hill Rd		Salisbury			СТ	06068	04/30/203	LO	ļ
Principal Occupation		Name of En	nployer			Is this contribution associa fundraising event listed in	Section J1?	Yes	
retired		n/a				If yes, list Event #	[X No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist	· • ·	Aggregate Contril	outions	Ī
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	dependent	child of a lob es		4	100.00	\$100.00
government the contract is with:		Executive	Legislative	<u>і п</u> ,	cs 🔼	INU			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Camposeo	First Name Elaine			MI N	Cash	contribution: X Personal C / Order Credit/Del	0661	tion ID #	Amount of Contribution
Residential Street Address 15 Valerie Dr	•	City Bolton			State CT	Zip Code 06043	Date Receive		
Principal Occupation attorney at law		Name of En self	nployer			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes XNo	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contril	outions	\$100.00
Last Name Sawicki	First Name Edward			MI	Cash	contribution: X Personal C / Order Credit/Del	0634	tion ID #	Amount of Contribution
Residential Street Address 124 Beech Mountain Rd		_{City} Mansfield			State CT	Zip Code	Date Receive 04/30/202		
Principal Occupation Physician		Name of En MED Eas	^{nployer} t Medical Walk In			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contril	outions	\$100.00
Last Name Baum	First Name Lester			MI	Cash	contribution: X Personal C / Order Credit/Del	0635	tion ID #	Amount of Contribution
Residential Street Address 31 Reed St		^{City} Rockville			State CT	Zip Code 06066	Date Receive		
Principal Occupation retired		Name of En n/a	nployer			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contril	outions	\$100.00
Last Name Nee	First Name David			MI M	Cash	contribution: X Personal C v Order Credit/Del	0636	tion ID #	Amount of Contribution
Residential Street Address 161 Brooklawn Ter		^{City} Fairfield			State CT	Zip Code 06825	Date Receive 04/30/201		
Principal Occupation Executive Director		Name of En W.C. Gro	nployer onstein Memorial Fun	d		Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist child of a lob Yes X	byist?	Aggregate Contril	outions	\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Brower	First Name Colleen			MI	Cash	contribution: X Personal C / Order Credit/Del	0638	ion ID #	Amount of Contribution
Residential Street Address 13 Nantucket Way		^{City} Middlebur	ry		State CT	Zip Code 06742	Date Received		
Principal Occupation curriculum development specialist		Name of En State of	nployer CT/CT Charts-a-Cou	rse		Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes XNo	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob /es	byist?	Aggregate Contrib	outions \$25.00	\$25.00
Last Name Grunko	First Name Lenore			MI	Cash	contribution: X Personal C y Order Credit/Del	0641	ion ID #	Amount of Contribution
Residential Street Address 95 Hanks Hill Rd		City Storrs			State CT	Zip Code 06268	Date Received 04/30/201		
Principal Occupation Teacher		Name of En Region #				Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contrib \$	outions	\$100.00
Last Name Katz	First Name Daniel			MI	Cash	contribution: X Personal C / Order Credit/Del	0646	ion ID #	Amount of Contribution
Residential Street Address 271 S Compo Rd		^{City} Westport			State CT	Zip Code	Date Received 04/30/201		
Principal Occupation		Name of En n/a	nployer		-	Is this contribution associ- fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes	byist?	Aggregate Contrit \$	outions	\$100.00
Last Name Piel	First Name Anthony			MI	Cash	contribution: X Personal C y Order Credit/Del	0648	ion ID #	Amount of Contribution
Residential Street Address 286 Route 41		^{City} Sharon			State CT	Zip Code	Date Received 04/30/201		
Principal Occupation retired		Name of En n/a	nployer			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes XNo	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	· · ·	Executive	Yes X No		utor a lobbyist child of a lob 'es X	byist?	Aggregate Contrib	outions \$50.00	\$50.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Lindquist	First Name Julia			MI	Method of Cash	contribution:		ution ID #	Amount of Contribution
		1			Money	/ Order Credit/Del	bit Card		-
Residential Street Address 127 Chaplin St		^{City} Chaplin			State CT	Zip Code 06235	Date Receiv 04/30/20		
Principal Occupation retired		Name of E	mployer			Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es	byist?	Aggregate Cont	ibutions \$100.00	\$100.00
Last Name Barry	First Name Francis			MI	X Cash	contribution: Personal C v Order Credit/Del	Check 0655	ution ID #	Amount of Contribution
Residential Street Address 203 Somerset St		City West Ha	rtford		State CT	Zip Code	Date Receiv		
Principal Occupation retired		Name of E	mployer		!	Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es X	byist?	Aggregate Contr	ibutions \$20.00	\$20.00
Last Name Downey	First Name Branden			MI	X Cash	contribution: Personal C Order Credit/Del	Check 0656	ution ID #	Amount of Contribution
Residential Street Address 54 Lefoll Blvd	•	City South W	indsor		State CT	Zip Code 06074	Date Receiv 04/30/20		
Principal Occupation retired		Name of E n/a	mployer		ł	Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es X	byist?	Aggregate Contr	ibutions \$20.00	\$20.00
Last Name Crane	First Name Roy			MI	X Cash	contribution: Personal C Order Credit/Del	Check 0658	ution ID #	Amount of Contribution
Residential Street Address 967 Elm Commons Dr Apt 203		City Rocky Hi	II		State CT	Zip Code 06067	Date Receiv 04/30/20		1
Principal Occupation retired		Name of E	mployer			Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ibutions \$20.00	\$20.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name McLaughlin	First Name Denise			MI	Cash	contribution: X Personal C / Order Credit/Del	0660	ion ID #	Amount of Contribution
Residential Street Address 2 Harbor HI		^{City} Westport			State CT	Zip Code 06880	Date Received 04/30/201		
Principal Occupation retired		Name of Er n/a	nployer			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob /es	byist?	Aggregate Contrib	utions \$50.00	\$50.00
Last Name Maduka	First Name Obinna			MI	Cash	contribution: X Personal C / Order Credit/Del	0663	ion ID #	Amount of Contribution
Residential Street Address 160 Wormwood Hill Rd		_{City} Mansfield	I		State CT	Zip Code 06250	Date Received 04/30/201		
Principal Occupation physician		Name of Er self	nployer			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contrib	utions 100.00	\$100.00
Last Name Sheathelm	First Name Shirlee			MI H	Cash	contribution: X Personal C / Order Credit/Del	0664	ion ID #	Amount of Contribution
Residential Street Address 97 Windham Center Rd .		^{City} Windham	1		State CT	Zip Code 06280	Date Received 04/30/201		
Principal Occupation art teacher/artist		Name of Er retired	nployer			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate Contrib	utions \$50.00	\$50.00
Last Name Rock	First Name Rodney			MI	Cash	contribution: X Personal C v Order Credit/Del	0669	ion ID #	Amount of Contribution
Residential Street Address 17 Storrs Hts		City Storrs			State CT	Zip Code 06268	Date Received 04/30/201		
Principal Occupation Department Hear		Name of Er Universit				Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist child of a lob 7es X	byist?	Aggregate Contrib	utions 100.00	\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Sullivan	First Name Eileen			MI M	X Cash	contribution: Personal C v Order Credit/Del	Check 0671	ution ID #	Amount of Contribution
Residential Street Address 704 Summer Hil Ldrive		City South Wi	indsor		State CT	Zip Code 06111	Date Receiv 04/30/20		
Principal Occupation residential health care worker		Name of Er State of				Is this contribution associ fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contr	ibutions \$20.00	\$20.00
Last Name Russell	First Name Gayle			MI	Cash	contribution: X Personal C / Order Credit/Del	Check 0673	ition ID #	Amount of Contribution
Residential Street Address 300 South St # K5		City Vernon			State CT	Zip Code	Date Receiv 04/30/20		
Principal Occupation Financial Advisor		Name of Er Merrill L				Is this contribution associ fundraising event listed in If yes, list Event # <u>04</u>		X Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contr	ibutions \$25.00	\$25.00
Last Name Shaffer	First Name Cheyenne	2		MI	Cash	contribution: X Personal C / Order Credit/Del	Check 0674	ition ID #	Amount of Contribution
Residential Street Address 13 Patriots Sq		City Mansfield	d Center		State CT	Zip Code 06250	Date Receiv 04/30/20		
Principal Occupation Senior Account Exec		Name of En Mission	1 5		•	Is this contribution associ fundraising event listed in If yes, list Event # <u>04</u>	ated with a Section J1? 242010A	X Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate Contr	ibutions \$100.00	\$100.00
Last Name Bently	First Name Bonnie R			MI	Cash	contribution: X Personal C / Order Credit/Del	Check 0676	ition ID #	Amount of Contribution
Residential Street Address 34 Samuel Ln		^{City} Mansfield	d Center		State CT	Zip Code 06250	Date Receiv 04/30/20		
Principal Occupation prosecutor		Name of Er state of	^{mployer} ct - div. of criminal j	ustice	-	Is this contribution association fundraising event listed in If yes, list Event # 04	Section J1?	X Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob Yes	byist?	Aggregate Contr	ibutions \$35.00	\$35.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Hirschhord	First Name Martin			MI	Method of Cash	contribution: X Personal C		tion ID #	Amount of Contribution
		i			Money	Order Credit/Deb	bit Card		
Residential Street Address 63 Davis Rd		City Storrs			State CT	Zip Code	Date Receive 04/30/20		
Principal Occupation retired		Name of Employer n/a				Is this contribution associa fundraising event listed in If yes, list Event # 042	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legi	X No	dependent	itor a lobbyist child of a lob es	byist?	Aggregate Contri	butions \$25.00	\$25.00
Last Name Dunstan	First Name Amy			MI	Cash	contribution: X Personal C / Order Credit/Deb	^{Theck} 0678	tion ID #	Amount of Contribution
Residential Street Address 939 Storrs Rd		City Storrs			State CT	Zip Code	Date Receive 04/30/20		
Principal Occupation Insurance		Name of Employer Mass Mutual				Is this contribution associa fundraising event listed in If yes, list Event # 042	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legi	X No	dependent	itor a lobbyist child of a lob es	byist?	Aggregate Contri	butions \$35.00	\$35.00
Last Name Colon-Semenza	First Name Cristina			MI	Cash	contribution: X Personal C / Order Credit/Deb	^{Theck} 0681	tion ID #	Amount of Contribution
Residential Street Address 64 Woods Rd	•	^{City} Mansfield		•	State CT	Zip Code 06250	Date Receive		
Principal Occupation Physical Therapist		Name of Employer UConn				Is this contribution associa fundraising event listed in If yes, list Event # 042	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legi	X No		utor a lobbyist child of a lob es X	byist?	Aggregate Contri	butions \$35.00	\$35.00
Last Name Bailey	First Name Malta			MI H	Cash	contribution: X Personal C / Order Credit/Deb	^{Theck} 0682	tion ID #	Amount of Contribution
Residential Street Address 22 Westgate Ln		City Storrs			State CT	Zip Code	Date Receive 04/30/20		
Principal Occupation retired		Name of Employer retired				Is this contribution associa fundraising event listed in If yes, list Event # 042	Section J1?	X Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legi	X No		utor a lobbyist child of a lob es X	byist?	Aggregate Contri	butions \$100.00	\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Bailey	First Name Leon			MI E	Cash	contribution: X Personal C v Order Credit/Del	0683	ion ID #	Amount of Contribution
Residential Street Address 22 Westgate Ln		City Storrs		<u> </u>	State CT	Zip Code	Date Received 04/30/201		
Principal Occupation retired		Name of Employer n/a				Is this contribution associ fundraising event listed in If yes, list Event # <u>04</u>	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legisl	X No		utor a lobbyist child of a lob res X	byist?	Aggregate Contrib	outions	\$100.00
Last Name havens	First Name Geoffrey	N		MI	Cash	contribution: X Personal C v Order Credit/Del	0684	ion ID #	Amount of Contribution
Residential Street Address 36 Babcock Hill Road Ext .		City Coventry			State CT	Zip Code 06238	Date Received 04/30/201		
Principal Occupation Sanitarian		Name of Employer Eastern Highland H	lealth Distr	ict		Is this contribution associ fundraising event listed in If yes, list Event # <u>04</u>	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legisl	X No	dependent	utor a lobbyist child of a lob es X	byist?	Aggregate Contrib	outions	\$100.00
Last Name pelletier	First Name Dermot			MI D	Cash	contribution: X Personal C v Order Credit/Del	0685	ion ID #	Amount of Contribution
Residential Street Address 261 Mulberry Rd		City Mansfield Center			State CT	Zip Code 06250	Date Received 04/30/201		
Principal Occupation General Manager/Sales		Name of Employer Rovic Inc				Is this contribution associ fundraising event listed in If yes, list Event # <u>04</u>	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legisl	X No	dependent	utor a lobbyist child of a lob es X	byist?	Aggregate Contrib	outions \$50.00	\$50.00
Last Name kochenburger	First Name Peter			MI	Method of Cash	contribution: X Personal C v Order Credit/Del	0686	ion ID #	Amount of Contribution
Residential Street Address 4 Storrs Heights Rd		City Storrs			State CT	Zip Code	Date Received		
Principal Occupation professor		Name of Employer UConn				Is this contribution associ fundraising event listed in If yes, list Event # <u>04</u>	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legisl	X No		utor a lobbyist child of a lob res X	byist?	Aggregate Contrib \$	outions	\$100.00

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		I. M	IONETARY RE	CEIPTS	6 (Section	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Merrill For Secretary Of The St	ate									
		B. It	emized Contributi	ons from	ı Individu	ials				
Last Name Sims	First Name Beverly			MI	Cash	contribution: X Personal (7 Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 61 Northwood Rd	1	City Storrs		1	State CT	Zip Code 06268		te Received 4/30/2010	0	
Principal Occupation retired		Name of Er n/a	nployer		Is this contribution associat fundraising event listed in 3 If yes, list Event # 042					
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes	byist?	Aggre	gate Contribu \$1	utions	\$100.00
Last Name Roberts	First Name Arthur	I		MI D	Cash	contribution: X Personal (/ Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 18 Ledgewood Dr		City Storrs			State CT	Zip Code 06268		ate Received 4/30/2010	0	
Principal Occupation Name of Employer retired n/a						Is this contribution assoc fundraising event listed in If yes, list Event # <u>04</u>			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes	byist?	Aggre	gate Contribu \$	utions \$50.00	\$50.00
Last Name Donahoo	First Name Joyce			MI	Cash	contribution: V Order		Contributio	on ID #	Amount of Contribution
Residential Street Address 18 Ledgewood Dr		City Storrs			State CT	Zip Code 06268		ate Received 4/30/2010	D	
Principal Occupation retired		Name of Er n/a	nployer		•	Is this contribution assoc fundraising event listed in If yes, list Event # 04			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggre	gate Contribu \$	utions \$50.00	\$50.00
Last Name Buczynski	First Name Ruth			MI	Cash	contribution: X Personal 0 7 Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 129 Sawmill Brook Ln		City Mansfield	l Center		State CT	Zip Code 06250		ate Received 4/30/2010	0	
Principal Occupation Owner		Name of Er NICABM	nployer			Is this contribution assoc fundraising event listed in If yes, list Event # <u>04</u>	n Section J		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob Yes X	byist?	Aggre	gate Contribu \$1	utions	\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name	First Name			MI		contribution:		ution ID #	Amount of
Curtis	Sarah				Cash Money	V Order Credit/Deb	0692		Contribution
Residential Street Address		City			State	Zip Code	Date Recei	/ed	
10 Fern Rd		Storrs			СТ		04/30/2	010	-
Principal Occupation		Name of Emp	loyer			Is this contribution associa fundraising event listed in		X Yes	
trainer		self				, e	242010A	No No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggregate Cont	ributions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob res			\$25.00	\$25.00
Last Name	First Name			MI	Method of	contribution:		ution ID #	Amount of
Maynard	Shawn			J	Cash Money	V Order Credit/Deb	0694		Contribution
Residential Street Address		City			State	Zip Code	Date Recei	ved	
929 Tolland Tpke		Mancheste	r		СТ	06042	04/30/2	010	1
Principal Occupation		Name of Emp	-			Is this contribution associa fundraising event listed in		X Yes	
Administration		Windham	Hospital			If yes, list Event # <u>042</u>		No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggregate Cont	ributions	1
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob es			\$100.00	\$100.00
government the contract is with:	First Name			MI	r	contribution:	Contril	ution ID #	
Linker	Susan			1911	Cash	y Order	heck 0697	uuon ID #	Amount of Contribution
Residential Street Address	-	City			State	Zip Code	Date Recei	ved	1
7 Sunset Ln		Bloomfield			СТ	06007	04/30/2	010	1
Principal Occupation		Name of Emp				Is this contribution associa fundraising event listed in		X Yes	
Animal Welfare		Our Comp	anies			-	242010A	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggregate Cont	ributions	1
state contractor? Is yes, indicate which branch or branches of			-		child of a lob es			\$50.00	\$50.00
government the contract is with:		Executive	Legislative		I				
Last Name Eastwood	First Name Susan			MI	Method of Cash	contribution:	heck	ution ID #	Amount of Contribution
						y Order Credit/Deb	it Card 0699		Contribution
Residential Street Address		City			State	Zip Code	Date Recei		
178 Waterfall Rd		Ashford			СТ		04/30/2	010	-
Principal Occupation		Name of Emp	-			Is this contribution associa fundraising event listed in		X Yes	
Consultant		Clean Wat	er Action			If yes, list Event # 042		No	
Is contributor a principal of a state contractor	or prospective	[Yes X No		utor a lobbyis	-	Aggregate Cont	ributions]
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	dependent	child of a lob res	-		\$50.00	\$50.00
government the contract is with:									

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Kalonia	First Name Katherine			MI	Cash	contribution: X Personal C / Order Credit/Del	0701	ion ID #	Amount of Contribution
Residential Street Address 90 Southworth Dr	-	City Ashford		-	State CT	Zip Code 06278	Date Receive 04/30/201		
Principal Occupation Arts Marketing		Name of En UConn- J	nployer Jorgenson			Is this contribution associ fundraising event listed in If yes, list Event # 04.	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contril	outions \$50.00	\$50.00
Last Name Hyde	First Name Judy			MI	Cash	contribution: X Personal C / Order Credit/Del	0702	ion ID #	Amount of Contribution
Residential Street Address 278 Wrights Ml		^{City} Coventry			State CT	Zip Code 06238	Date Receive 04/30/201		
Principal Occupation Non-profic consultation		Name of En Free the				Is this contribution associ- fundraising event listed in If yes, list Event # <u>04</u>	Section J1?	× Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate Contril	outions \$40.00	\$40.00
Last Name Cole	First Name Joan			MI L	Cash	contribution: X Personal C / Order Credit/Del	0704	ion ID #	Amount of Contribution
Residential Street Address 546 Wormwood Hil Lrd	-	^{City} Mansfield	Center	-	State CT	Zip Code	Date Receive 04/30/201		
Principal Occupation artist		Name of En retired	nployer			Is this contribution associ fundraising event listed in If yes, list Event # <u>04</u>	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contril	outions	\$100.00
Last Name Seide	First Name Jaqueline			MI R	Cash	contribution: X Personal C y Order Credit/Del	0707	ion ID #	Amount of Contribution
Residential Street Address 49 Constitution Sq		^{City} Mansfield	Center		State CT	Zip Code 06250	Date Receive 04/30/201		
Principal Occupation retired		Name of En n/a	nployer			Is this contribution associ fundraising event listed in If yes, list Event # 04.	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	· · ·	Executive	Yes X No		utor a lobbyist child of a lob Yes	byist?	Aggregate Contrit	outions \$35.00	\$35.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name	First Name			MI	Method of	contribution:	Contribu	tion ID #	Amount of
Sachs	Jaqueline				Cash	y Order Credit/Deb	0708		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	d	
304 Gurleyville Rd		Storrs			СТ	06268	04/30/203	LO	ļ
Principal Occupation		Name of Er	nployer			Is this contribution associa fundraising event listed in		X Yes	
retired		n/a				, °		No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggregate Contril	outions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	dependent	child of a lob Yes			\$35.00	\$35.00
Last Name	First Name			MI	Method of	contribution:	Contribu	tion ID #	Amount of
Sachs	Benjamin				Cash Money	y Order Credit/Deb	0709		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	d	
304 Gurleyville Rd		Storrs			СТ	06268	04/30/203	LO	ļ
Principal Occupation		Name of Er	nployer			Is this contribution associa fundraising event listed in		X Yes	
retired		n/a				-		No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggregate Contril	outions	1
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		child of a lob es			\$35.00	\$35.00
government the contract is with:		Executive	Legislative						
Last Name Mailhos	First Name Richard			IVII	X Cash	v Order Personal C	0672	tion ID #	Amount of Contribution
Residential Street Address		City			State	Zip Code	Date Receive	d	
46 Hall Hill Rd		Willingtor	n		СТ	06279	04/30/203	LO	
Principal Occupation		Name of Er	nployer			Is this contribution associa	ated with a	x Yes	
consultant						fundraising event listed in If yes, list Event # 042		No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggregate Contril	outions	1
state contractor? Is yes, indicate which branch or branches of	_		_		child of a lob			\$45.00	\$45.00
government the contract is with:		Executive	Legislative		^r es X				
Last Name Callahan	First Name Thomas			MI Q	Method of Cash	contribution:	heck	tion ID #	Amount of Contribution
	montas			<u> </u>		y Order	0639		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	d	
25 Forest Rd		Stafford S	Springs		СТ	06076	04/30/203	LO	ļ
Principal Occupation		Name of Er	nployer			Is this contribution associa fundraising event listed in		Yes	
Administrator		UConn				If yes, list Event #		X No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis	· • ·	Aggregate Contril	outions	1
state contractor? Is yes, indicate which branch or branches of		Executio	T anti-latin	dependent	child of a lob Yes		4	5100.00	\$100.00
government the contract is with:		Executive	Legislative		es 🔼	INO			

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	I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE								FILING	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name	First Name			MI	Method of	contribution:	Contribu	tion ID #	Amount of
Enright	Hannah L	ee			Cash Money	y Order Credit/Del	0637		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	d	
42 Briggs St		Easthamp	oton		MA	01027	04/30/203	10	ļ
Principal Occupation		Name of En	nployer			Is this contribution associ		Yes	
social worker		planned	parenthood	-		fundraising event listed in If yes, list Event #	Section J1?	X No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist	-	Aggregate Contril	outions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	dependent	child of a lob es			\$25.00	\$25.00
Last Name	First Name			MI	Method of	contribution:	Contribu	tion ID #	Amount of
Gleason	Kerry	-			Cash Money	y Order Credit/Del	0719		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	d	
43 Trumbull St		New Have	en		СТ	06511	04/30/203	10	
Principal Occupation		Name of En	nployer			Is this contribution associ		Yes	
attorney		self				fundraising event listed in If yes, list Event #	Section J1?	X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No		utor a lobbyist	byist?	Aggregate Contril	outions	\$100.00
government the contract is with:		Executive	Legislative	L Y	Yes X	No			
Last Name	First Name			MI	Method of	contribution:		tion ID #	Amount of
Weinland	Thomas			Ρ	Cash Money	y Order Credit/Del	0675		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	d	
2 Nutmeg Ct		Mansfield	Center		СТ	06250	04/30/203	10	
Principal Occupation		Name of En	nployer		-	Is this contribution associ	ated with a	X Yes	
retired		n/a				fundraising event listed in If yes, list Event # 042		No	
Is contributor a principal of a state contractor	or prospective	1	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggregate Contril	outions	ł
state contractor? Is yes, indicate which branch or branches of					child of a lob	byist?	Aggregate contra	\$75.00	\$75.00
government the contract is with:		Executive	Legislative	L N	'es X	No			
Last Name	First Name			MI	Method of	contribution:	Contribu	tion ID #	Amount of
Norwood	Douglas			А	Cash Money	V Order Credit/Del	0657		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	d	
79A School St		Manchest	er		СТ	06040	04/30/203	10]
Principal Occupation		Name of En	nployer			Is this contribution associ		Yes]
Driver		Htfd. Dis	t. Inc			fundraising event listed in If yes, list Event #	Section J1?	X No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	· • ·	Aggregate Contril	outions]
state contractor? Is yes, indicate which branch or branches of		n			child of a lob es			\$50.00	\$50.00
government the contract is with:		Executive	Legislative	<u>г Ц</u> 1	es 👗	No			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Rees	First Name Compton			MI	Cash	contribution: X Personal C / Order Credit/Det	0695	ion ID #	Amount of Contribution
Residential Street Address 359 Spring Hill Rd		City Storrs			State CT	Zip Code 06268	Date Received 04/30/201		
Principal Occupation retired		Name of En n/a	nployer			Is this contribution association fundraising event listed in If yes, list Event # 042	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob /es	byist?	Aggregate Contrib	outions \$25.00	\$25.00
Last Name Smith	First Name Anne			MI	Cash	contribution: X Personal C / Order Credit/Det	0703	ion ID #	Amount of Contribution
Residential Street Address 156 Hillyndale Rd		City Storrs			State CT	Zip Code 06268	Date Received 04/30/201		
Principal Occupation Name of Employer n/a						Is this contribution association fundraising event listed in If yes, list Event # 042	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate Contrib	outions \$75.00	\$75.00
Last Name Rucker	First Name Chauncy			MI	Cash	contribution: X Personal C / Order Credit/Det	0705	ion ID #	Amount of Contribution
Residential Street Address 6 Federal Sq		^{City} Mansfield	Center	-	State CT	Zip Code 06250	Date Received 04/30/201		
Principal Occupation education		Name of En self	nployer			Is this contribution association fundraising event listed in If yes, list Event # 042	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contrib	outions	\$100.00
Last Name Benigni	First Name Mark			MI	Cash	contribution: X Personal C v Order Credit/Deb	0651	ion ID #	Amount of Contribution
Residential Street Address 30 Daniel Way		^{City} Meriden			State CT	Zip Code 06450	Date Received 04/30/201		
Principal Occupation Name of Employer Principal Town of Cromwell						Is this contribution association fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	Executive	Yes X No		utor a lobbyist child of a lob Yes X	byist?	Aggregate Contrib	outions \$25.00	\$25.00	

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name	First Name			MI	Method of	contribution:		tion ID #	Amount of
Saccente	Mara	-			Cash Money	V Order Credit/Det	0728		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	d	
524 Ridgeview Rd		Orange			СТ	06477	04/30/203	10	ļ
Principal Occupation		Name of Er	nployer			Is this contribution associa		Yes	
Congressional Aid		US Gove	rnment			fundraising event listed in If yes, list Event #		X No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist	-	Aggregate Contri	butions	1
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	dependent	child of a lob es			\$25.00	\$25.00
Last Name	First Name			MI	Method of	contribution:	Contribu	tion ID #	Amount of
saccente	Kenneth	-			Cash Money	V Order Credit/Det	0727		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	d	
524 Ridgeview Rd		Orange			СТ	06477	04/30/203	10	
Principal Occupation		Name of Er	nployer		-	Is this contribution associa		Yes	
legislative staff state of ct						fundraising event listed in If yes, list Event #	Section J1?	X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	Yes X No	dependent child of a lobbyist?			Aggregate Contri	butions \$25.00	\$25.00		
government the contract is with:		Executive							
Last Name Sazama	First Name Gerald			MI W	Cash	contribution: X Personal C y Order Credit/Det	^{Theck} 0640	tion ID #	Amount of Contribution
Residential Street Address	•	City			State	Zip Code	Date Receive	d	
77 Lakeside Dr		Ashford			СТ	06278	04/30/203	10	
Principal Occupation		Name of Er	nployer		•	Is this contribution associa		Yes	
retired		n/a				fundraising event listed in If yes, list Event #	Section J1?	X No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggregate Contri	butions	†
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob res			\$75.00	\$75.00
Last Name	First Name			MI	Method of	contribution:	Contribu	tion ID #	
Hartnell	John				Cash	V Order Credit/Deb	^{Theck} 0720	uon 1D #	Amount of Contribution
Residential Street Address		City			State	Zip Code	Date Receive	d	1
35 Beachside Ave		Westport			СТ	06880	04/30/203	10	
Principal Occupation Name of Employer			nployer	Is this contribution associated				Yes	I
consultant		self				fundraising event listed in If yes, list Event #	Section J1?	X No	
Is contributor a principal of a state contractor state contractor?	or prospective	•	Yes X No		utor a lobbyist child of a lob	· • ·	Aggregate Contri		±=0.00
Is yes, indicate which branch or branches of government the contract is with:	Executive	Legislative	Y 🗌	res X	No		\$50.00	\$50.00	

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Paticchio	First Name Anthony		MI	I	Method of c Cash Money	X Personal C	Check 0698	ution ID #	Amount of Contribution
Residential Street Address 178 Waterfall Rd		City Ashford			State CT	Zip Code 06278	Date Receiv 04/30/20		
Principal Occupation Attorney		Name of Employer The Hartford				Is this contribution associ fundraising event listed in If yes, list Event # <u>04</u>		X Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislati	dep		tor a lobbyist shild of a lobb s X	oyist?	Aggregate Contr	ibutions \$50.00	\$50.00
Last Name Torres-Ferguson	First Name Mildred	-	MI	I	Method of c Cash X Money	Personal C	Check 0652	ution ID #	Amount of Contribution
Residential Street Address 85 Catherine Dr		City Meriden			State CT	Zip Code 06450	Date Receiv 04/30/20		
Principal Occupation Name of Employer legislative staff State of CT				·		Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislati	dep		tor a lobbyist child of a lobb	oyist?	Aggregate Contr	ibutions \$50.00	\$50.00
Last Name Mioli	First Name Joseph		MI	I	Method of c	X Personal C	Check 0645	ution ID #	Amount of Contribution
Residential Street Address 90 Main St Unit 6		City Westport			State CT	Zip Code 06880	Date Receiv 04/30/20		
Principal Occupation state representative		Name of Employer state of ct				Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislati	dep		tor a lobbyist child of a lobb s X	oyist?	Aggregate Contr	ibutions \$100.00	\$100.00
Last Name Davis	First Name Paul		MI	I	Method of c Cash Money	X Personal C	Check 0721	ution ID #	Amount of Contribution
Residential Street Address 335 Smith Farm Rd		City Orange			State CT	Zip Code 06477	Date Receiv 04/30/20		
Principal Occupation Manager		Name of Employer Woodbridge Club, In	c			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	Executive Legislati	dep		tor a lobbyist child of a lobb s X	oyist?	Aggregate Contr	ibutions \$50.00	\$50.00	

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name	First Name			MI		contribution:	Contribut	ion ID #	Amount of
Cantor	Yale				Cash Money	V Order Credit/Deb	0644		Contribution
Residential Street Address City					State	Zip Code	Date Receive	1	
20 Charter Rd		Ellington			СТ	06029	04/30/201	.0	ļ
Principal Occupation		Name of En	nployer			Is this contribution associa fundraising event listed in		Yes	
retired		n/a				If yes, list Event #		× No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggregate Contrib	outions	I
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	dependent Y	child of a lob res			\$25.00	\$25.00
Last Name	First Name			MI	Method of	contribution:	Contribut	ion ID #	Amount of
Dumaine	David			м	Cash Money	V Order Credit/Deb	0643		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	1	
86 Tracy Dr		Manchest	er		CT 06042 04/30/			.0	
Principal Occupation Name of Employer					Is this contribution associa fundraising event listed in		Yes		
Administrator State of CT - DSS					If yes, list Event #		× No		
Is contributor a principal of a state contractor or prospective					utor a lobbyist		Aggregate Contrib	outions	Ī
Is yes, indicate which branch or branches of	state contractor? Is yes, indicate which branch or branches of				child of a lob res			\$50.00	\$50.00
government the contract is with:	First Name		Legislative	MI		contribution:	Contribut	ion ID #	
Roy	Richard				Cash	/ Order Personal C	heck 0711	1011 112 #	Amount of Contribution
Residential Street Address		City			State	Zip Code	Date Receive	1	
43 Howe St		Milford			СТ	06460	04/30/201	.0	
Principal Occupation		Name of En				Is this contribution associa fundraising event listed in	Section J1?	Yes	
legislator		state of (If yes, list Event #		X No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist		Aggregate Contrib	outions	Ī
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		child of a lob es		\$	100.00	\$100.00
government the contract is with:	First Name	Executive		MI	r	contribution:		·	1
Boukus	Elizabeth			IVII	Cash	V Order Credit/Deb	0649	ion ID #	Amount of Contribution
Residential Street Address	-	City			State	Zip Code	Date Receive	1]
43 Hollyberry Ln		Plainville			СТ	06062	04/30/201	.0	ļ
			Name of Employer			Is this contribution associated with a fundraising event listed in Section J1?			
legislator		state of o	ct			If yes, list Event #		× No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist		Aggregate Contrib	outions	1
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	dependent	child of a lob res		\$	100.00	\$100.00
government the contract is with:									

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Ross	First Name Catherine			MI	Method of Cash	contribution: X Personal C v Order Credit/Del	0706	tion ID #	Amount of Contribution
Residential Street Address 18 Thomas Dr	1	City Storrs		1	State CT	Zip Code 06268	Date Receive 04/30/202		
Principal Occupation associate director - ITL		Name of Empl UConn	oyer			Is this contribution associ fundraising event listed in If yes, list Event # <u>04</u>	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob res	byist?	Aggregate Contril	outions	\$100.00
Last Name Silander	First Name John			MI A	Method of o Cash Money	contribution: X Personal C v Order Credit/Del	0693	tion ID #	Amount of Contribution
Residential Street Address 30 Silver Falls Ln		City Storrs			State CT	Zip Code 06268	Date Receive 04/30/203		
Principal Occupation professor		Name of Empl UConn	oyer			Is this contribution associ fundraising event listed in If yes, list Event # 04,	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob res X	byist?	Aggregate Contril	outions \$50.00	\$50.00
Last Name O'Neill	First Name Lisa			MI P	Method of o Cash Money	contribution: X Personal C v Order Credit/Del	0654	tion ID #	Amount of Contribution
Residential Street Address 109 Autumn St		^{City} Manchester			State CT	Zip Code 06040	Date Receive 04/30/203		
Principal Occupation Engineer		Name of Empl Pratt & Wh	•			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggregate Contril	stions	\$50.00
Last Name O'Neill	First Name Colin			MI	Method of o Cash Money	contribution: X Personal C v Order Credit/Del	0659	tion ID #	Amount of Contribution
Residential Street Address 109 Autumn St		^{City} Manchester			State CT	Zip Code 06040	Date Receive 04/30/203	10	
Principal Occupation child support enforcement		Name of Empl state of CT	judicial			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		-	Yes X No		utor a lobbyist child of a lob res	byist?	Aggregate Contril	outions \$50.00	\$50.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Adams	First Name Robert			MI	X Cash	contribution:	0710	ion ID #	Amount of Contribution
Residential Street Address 654 Milford Point Rd		City Milford			State CT	Zip Code 06460	Date Received 04/30/201		
Principal Occupation Field computer engineer		Name of Er CB12 Ne	nployer twork Solutions			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob Yes X	byist?	Aggregate Contrib	outions \$10.00	\$10.00
Last Name Holt	First Name Hamilton			MI	Cash	contribution: X Personal C v Order Credit/Del	0642	ion ID #	Amount of Contribution
Residential Street Address 563 Storrs Rd		_{City} Mansfield	l Center		State CT	Zip Code 06250	Date Received 04/30/201		
Principal Occupation retired		Name of Er retired	nployer		•	Is this contribution association fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate Contrib	outions \$25.00	\$25.00
Last Name Hiskes	First Name Anne			MI L	Cash	contribution: X Personal C / Order Credit/Del	0700	ion ID #	Amount of Contribution
Residential Street Address 110 Summit Rd		City Storrs			State CT	Zip Code 06268	Date Received 04/30/201		
Principal Occupation Professor		Name of Er UConn	nployer			Is this contribution associ fundraising event listed in If yes, list Event # 04	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes	byist?	Aggregate Contrib	outions	\$100.00
Last Name Blake	First Name Ben			MI	Cash	contribution: X Personal C / Order Credit/Del	0724	ion ID #	Amount of Contribution
Residential Street Address 5 Anchorage Dr		City Milford			State CT	Zip Code 06460	Date Received		
Principal Occupation Attorney		Name of Er Quinn La				Is this contribution association fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist child of a lob Yes	byist?	Aggregate Contrib	outions	\$100.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Molloy	First Name George			MI	X Cash	contribution: Personal C v Order Credit/Del	0653	ion ID #	Amount of Contribution
Residential Street Address 940 Maple Ave		^{City} Hartford			State CT	Zip Code 06114	Date Received		
Principal Occupation retired		Name of Er n/a	nployer			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes XNo	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob 'es	byist?	Aggregate Contrib	outions \$20.00	\$20.00
Last Name Montalbano	First Name Janet			MI	Cash	contribution: X Personal C / Order Credit/Del	0715	ion ID #	Amount of Contribution
Residential Street Address 30 Revere Pl		City Milford			State CT	Zip Code 06460	Date Received 04/30/201		
Principal Occupation		Name of Er self	nployer			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob res X	byist?	Aggregate Contrib	outions \$25.00	\$25.00
Last Name Casey	First Name Tracy			MI	Cash	contribution: X Personal C / Order Credit/Del	0712	ion ID #	Amount of Contribution
Residential Street Address 4 Amber Ln		City Milford			State CT	Zip Code 06460	Date Received 04/30/201		
Principal Occupation		Name of Er	nployer		-	Is this contribution associ- fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contrib	outions \$30.00	\$30.00
Last Name Rose	First Name Kim			MI	Cash	contribution: X Personal C / Order Credit/Del	0718	ion ID #	Amount of Contribution
Residential Street Address 292 Naugatuck Ave		City Milford			State CT	Zip Code 06460	Date Received 04/30/201		
Principal Occupation Adm. Specialist		Name of Er City of B	nployer ridgeport			Is this contribution association fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist child of a lob 'es	byist?	Aggregate Contrib	outions \$35.00	\$35.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Brown	First Name Michael			MI V	Cash	contribution: X Personal C / Order Credit/Del	0717	ion ID #	Amount of Contribution
Residential Street Address 67 Point Beach Dr		^{City} Milford			State CT	Zip Code 06460	Date Received 04/30/201		
Principal Occupation President		Name of Er New Sta	nployer ndard Institute Inc	-		Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob res	byist?	Aggregate Contrib \$	utions	\$100.00
Last Name Lambert	First Name Barbara			MI	Cash	contribution: X Personal C 7 Order Credit/Del	0713	ion ID #	Amount of Contribution
Residential Street Address 8 Breakneck Ln		City Milford			State CT	Zip Code 06460	Date Received 04/30/201		
Principal Occupation legislator		Name of Er state of				Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob res X	byist?	Aggregate Contrib	outions \$65.00	\$65.00
Last Name Moukawsher	First Name Elizabeth			MI	Cash	contribution: Personal C / Order X Credit/Del	1001	ion ID #	Amount of Contribution
Residential Street Address 328 Mitchell St		City Groton			State CT	Zip Code 06340	Date Received		
Principal Occupation		Name of Er	nployer		-	Is this contribution associ- fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es	byist?	Aggregate Contrib \$	outions	\$100.00
Last Name Davidson	First Name Susan			MI	Cash	contribution: Personal C v Order X Credit/Del	1000	ion ID #	Amount of Contribution
Residential Street Address 15 Edgehill Dr		City Woodbric	lge		State CT	Zip Code 06525	Date Received		
Principal Occupation		Name of Er	nployer			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes XNo	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist child of a lob res X	byist?	Aggregate Contrib	outions \$25.00	\$25.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILING	G DUE DATE
Merrill For Secretary Of The St	ate							
B. Itemized Contributions from Individuals								
Last Name Allen	First Name Polly		MI R	Cash	contribution: Personal C y Order X Credit/Deb	0999	on ID #	Amount of Contribution
Residential Street Address 28 Boston Tpke	-	^{City} Willington		State CT	Zip Code	Date Received		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	depende	ributor a lobbyis ent child of a lob Yes	byist?	Aggregate Contrib	utions 100.00	\$100.00
Last Name Meck	First Name Tanya		MI	Cash	contribution: Personal C y Order X Credit/Deb	1002	on ID #	Amount of Contribution
Residential Street Address 83 Foxcroft Rd		City West Hartford		State CT	Zip Code 06119	Date Received 05/04/201		
Principal Occupation		Name of Employer		·	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		ributor a lobbyis ent child of a lob Yes	byist?	Aggregate Contrib	utions 100.00	\$100.00
Last Name Fuchsman	First Name Kenneth		MI	Cash	contribution: Personal C y Order X Credit/Deb	1003	on ID #	Amount of Contribution
Residential Street Address 141 Oakbrook Ln		City Torrington		State CT	Zip Code 06790	Date Received 05/08/201		
Principal Occupation		Name of Employer		-	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		ributor a lobbyis ent child of a lob Yes	byist?	Aggregate Contrib	utions \$50.00	\$50.00
Last Name Merrill	First Name Nate		MI	Cash	contribution: Personal C y Order X Credit/Deb	1004	on ID #	Amount of Contribution
Residential Street Address 12708 S Foxton Rd		City Conifer		State CO	Zip Code 80433	Date Received 05/11/201		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	depende	ributor a lobbyis ent child of a lob Yes X	byist?	Aggregate Contrib \$	utions 100.00	\$100.00

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		I. MON	NETARY RE(CEIPTS	6 (Section	n A-I)			
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The Sta	ate								
		B. Itemiz	zed Contributio	ons from	Individu	lals			
Last Name	First Name			MI	Method of	contribution:	Contr	bution ID #	Amount of
Jacobs	Jordan	-			Cash Money	Order X Credit/Deb	100	5	Contribution
Residential Street Address		City			State	Zip Code	Date Rece	ived	
273 Main St Box 205		Hampton			СТ	06247	05/12/2	010	
Principal Occupation		Name of Employ	er			Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob es X	byist?	Aggregate Cor	tributions \$100.00	\$100.00
Last Name Tuchman	First Name Gaye			MI	Cash	contribution: X Personal C v Order Credit/Deb	heck 0739	bution ID #	Amount of Contribution
Residential Street Address		City			State	Zip Code	Date Rece	ived	1
23 Silver Fls		Storrs			СТ	06268	05/13/2	010	
Principal Occupation Professor		Name of Employ UConn	er			Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyist child of a lob res	byist?	Aggregate Cor	tributions \$35.00	\$35.00
Last Name	First Name			MI	Method of o	contribution:	Contr	bution ID #	Amount of
Drobney	Dorothy			М	Cash Money	V Order Credit/Deb	0740)	Contribution
Residential Street Address 59 Jared Sparks Rd		^{City} Willington			State CT	Zip Code	Date Rece 05/13/2		
Principal Occupation		Name of Employ	er			Is this contribution associa		Yes	1
Reading Specialist		Tolland Bd o	f Ed			fundraising event listed in If yes, list Event #	Section J1?	X No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyist child of a lob res X	byist?	Aggregate Cor	tributions \$20.00	\$20.00
Last Name	First Name			MI	Method of o	contribution:	Contr	bution ID #	Amount of
Leheny	Joseph			D	Cash Money	V Order Credit/Deb	heck 0743		Contribution
Residential Street Address		City			State	Zip Code	Date Rece	ived	
50 Briar Rdg		Danbury			СТ	06810	05/13/2	010	1
Principal Occupation retired teacher		Name of Employ n/a	er			Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:			Yes X No		utor a lobbyist child of a lob res X	byist?	Aggregate Cor	tributions \$25.00	\$25.00

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	G DUE DATE	
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name Romano	First Name Antonio			MI H	Cash	contribution: X Personal C / Order Credit/Del	0746	tion ID #	Amount of Contribution	
Residential Street Address 31 Bennett Drve		^{City} Hampton			State CT	Zip Code 06207	Date Receive			
Principal Occupation Retired professor		Name of Em UCOnn	ployer			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes XNo		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Legislative		utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contril	outions	\$100.00	
Last Name McDowell	First Name Nancy			MI	Cash	contribution: X Personal C / Order Credit/Del	0749	tion ID #	Amount of Contribution	
Residential Street Address 69 Puddin Ln		^{City} Mansfield	Center		State CT	Zip Code 06250	Date Receive 05/13/203			
Principal Occupation Clinical social worker		Name of Em Self-emp			•	Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contril	outions \$75.00	\$75.00	
Last Name Schaffer	First Name Gloria			MI	Cash	contribution: X Personal C / Order Credit/Del	0744	tion ID #	Amount of Contribution	
Residential Street Address 51 Tumblebrook Rd		City Woodbride	ge		State CT	Zip Code 06525	Date Receive			
Principal Occupation n/a		Name of Em n/a	ployer		-	Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes	byist?	Aggregate Contril	outions	\$100.00	
Last Name Potecki	First Name Gregory			MI S	Cash	contribution: X Personal C y Order Credit/Del	0742	tion ID #	Amount of Contribution	
Residential Street Address 466 Colonel Ledyard Hwy		^{City} Ledyard			State CT	Zip Code 06339	Date Receive			
Principal Occupation Labor Rep		Name of Em AFT Conn		-		Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist child of a lob 'es X	byist?	Aggregate Contril	sutions \$25.00	\$25.00	

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILIN	G DUE DATE	
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name	First Name			MI	Method of	contribution:	Contribu	tion ID #	Amount of	
Collier	Christoph	er			Cash Money	V Order Credit/Det	0748		Contribution	
Residential Street Address		City			State	Zip Code	Date Receive	d		
344 W River Rd		Orange			СТ	06477	05/13/203	10		
Principal Occupation		Name of Er	nployer			Is this contribution associa		Yes		
retired historian		n/a				fundraising event listed in If yes, list Event #	Section J1?	X No		
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyist	-	Aggregate Contri	butions		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	aependent	child of a lob Zes			\$50.00	\$50.00	
Last Name	First Name			MI	Method of	contribution:		tion ID #	Amount of	
Parris	Joan				Cash Money	y Order Credit/Deb	0741		Contribution	
Residential Street Address		City			State	Zip Code	Date Receive	d		
53 Maitland Rd		Stamford			СТ	06906	05/13/203	10	ļ	
Principal Occupation		Name of Er	nployer			Is this contribution associa		Yes		
Director		State of	CT - NCC			fundraising event listed in If yes, list Event #	Section J1?	X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob /es	byist?	Aggregate Contril	butions \$25.00	\$25.00	
Last Name	First Name			MI	Method of	contribution:	Contribu	tion ID #		
Romano	Jean				Cash	V Order Credit/Deb	^{Check} 0747	uon ID #	Amount of Contribution	
Residential Street Address		City			State	Zip Code	Date Receive	d		
31 Bennett Dr		Hampton			СТ	06247	05/13/20	10		
Principal Occupation		Name of Er	nployer		•	Is this contribution associa	ated with a	Yes	Ī	
retired		n/a				fundraising event listed in If yes, list Event #	Section J1?	X No		
							-		ł	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyist child of a lob	-	Aggregate Contri			
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		Yes X		5	\$100.00	\$100.00	
Last Name	First Name			MI	Method of	contribution:	Contribu	tion ID #		
Jutila	Edwin			J	Cash	V Order Credit/Det	Check 0745	uon id #	Amount of Contribution	
Residential Street Address		City			State	Zip Code	Date Receive	d	1	
23 Brainard Rd		Niantic			СТ	06357	05/13/20	10		
Principal Occupation		Name of Er	nployer		•	Is this contribution associa	ated with a	Yes	1	
Attorney			Corp/State of CT			fundraising event listed in If yes, list Event #	Section J1?	X No		
Is contributor a principal of a state contractor state contractor?	or prospective	•	Yes X No		utor a lobbyist child of a lob	· • ·	Aggregate Contri	butions	\$100.00	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	П 1	Yes X	No		100.00	\$100.00	

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILIN	G DUE DATE	
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name	First Name			MI		contribution:		tion ID #	Amount of	
Tallarita	Kathleen				Cash Money	V Order Credit/Det	0729		Contribution	
Residential Street Address		City			State	Zip Code	Date Receive	ed.		
54 Fairview Ave		Enfield			СТ	06082	05/14/20	10	ļ	
Principal Occupation		Name of Er	nployer ral Assembly			Is this contribution association fundraising event listed in	Section J1?	Yes		
Legislator		CT Gene	rai Assembly			If yes, list Event #	l	X No		
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyist child of a lob		Aggregate Contri	butions		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y				\$50.00	\$50.00	
Last Name	First Name			MI	Method of	contribution:	Contribu	tion ID #	Amount of	
urban	Diana				Cash Money	Order X Credit/Det	1008		Contribution	
Residential Street Address		City			State	Zip Code	Date Receive	ed.		
146 Babcock Rd		North Sto	onington		СТ	06359	05/14/20	10	ļ	
Principal Occupation		Name of Er	nployer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate Contri	butions \$100.00	\$100.00	
Last Name	First Name			MI	Method of	contribution:	Contribu	tion ID #	Amount of	
Bell	Barbara			С	Cash Money	V Order Credit/Deb	0731		Contribution	
Residential Street Address		City			State	Zip Code	Date Receive	ed		
24 Winthrop Ct		Milford			СТ	06460	05/14/20	10	-	
Principal Occupation		Name of Er	nployer			Is this contribution association fundraising event listed in	Section J1?	Yes		
freelance writer		self				If yes, list Event #	[X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No	dependent	utor a lobbyist child of a lob	byist?	Aggregate Contri	butions \$50.00	\$50.00	
government the contract is with:		Executive	Legislative		r _{es} X				1	
Last Name Taborsak	First Name Lynn			MI	Cash	contribution: X Personal C / Order Credit/Det	heck 0733	tion ID #	Amount of Contribution	
Residential Street Address		City			State	Zip Code	Date Receive	ed	1	
110 Hayestown Rd		Danbury			СТ	06811	05/14/20	10	ļ	
Principal Occupation retired		Name of Er n/a	nployer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	1	Yes X No	dependent	utor a lobbyist child of a lob	byist?	Aggregate Contri	butions \$50.00	\$50.00	
government the contract is with:		Executive	Legislative	Y L	res X	No				

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	G DUE DATE	
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name Santiago	First Name Ezequiel			MI	Method of a Cash X Money	contribution: Personal C Order Credit/Deb	0730	tion ID #	Amount of Contribution	
Residential Street Address 991 State St		^{City} Bridgeport			State CT	Zip Code 06605	Date Receive 05/14/201			
Principal Occupation State Representatve		Name of Empl CT General	-			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes XNo		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob es X	byist?	Aggregate Contril	outions	\$100.00	
Last Name Sachs	First Name Benjamin			MI	Method of o Cash Money	contribution: Personal C Order X Credit/Deb	1006	tion ID #	Amount of Contribution	
Residential Street Address 304 Gurleyville Rd		City Storrs			State CT	Zip Code 06268	Date Receive 05/14/201			
Principal Occupation		Name of Emplo	oyer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob res X	byist?	Aggregate Contril	outions \$25.00	\$25.00	
Last Name Wormack	First Name Antony			MI	Method of o Cash X Money	contribution: Personal C Order Credit/Deb	0734	tion ID #	Amount of Contribution	
Residential Street Address 68 Wedgewood Dr		^{City} Manchester			State CT	Zip Code 06042	Date Receive			
Principal Occupation Counselor		Name of Emplo UConn	oyer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggregate Contril	outions	\$100.00	
Last Name Warmack	First Name Rosalyn			MI	Method of a Cash X Money	contribution: Personal C Order Credit/Deb	0735	tion ID #	Amount of Contribution	
Residential Street Address 68 Wedgewood Dr		^{City} Manchester			State CT	Zip Code 06042	Date Receive 05/14/201			
Principal Occupation housewife		Name of Empl n/a	oyer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist child of a lob es	byist?	Aggregate Contril	outions	\$100.00	

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	G DUE DATE	
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name Brooks	First Name Andrea			MI	Method of o Cash Money	contribution: X Personal C Order Credit/De	0736	ion ID #	Amount of Contribution	
Residential Street Address 15 Hitchcock Rd		City Westport			State CT	Zip Code 06880	Date Receive 05/14/201			
Principal Occupation author		Name of Employer				Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Leg	X No		utor a lobbyist child of a lob res	byist?	Aggregate Contril	outions	\$100.00	
Last Name Wildine-McLaughlin	First Name Ruth			MI	Method of o Cash Money	contribution: X Personal O Order Credit/De	0737	ion ID #	Amount of Contribution	
Residential Street Address 11 B Sycamore Dr		City Storrs			State CT	Zip Code 06268	Date Receive 05/14/201			
Principal Occupation teacher		Name of Employer retired				Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes XNo		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Leg	X No	dependent	utor a lobbyist child of a lob res X	byist?	Aggregate Contril	outions \$50.00	\$50.00	
Last Name Crossgrove	First Name Roger			MI	Method of o Cash Money	contribution: X Personal C Order Credit/De	0738	ion ID #	Amount of Contribution	
Residential Street Address 362 Gurleyville Rd		City Storrs			State CT	Zip Code 06268	Date Receive			
Principal Occupation retired		Name of Employer retired			-	Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes XNo		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Leg		dependent	utor a lobbyist child of a lob res	byist?	Aggregate Contril	outions	\$100.00	
Last Name Schaffer	First Name Gloria			MI	Method of o Cash Money	contribution: X Personal C Order Credit/De	0732	ion ID #	Amount of Contribution	
Residential Street Address 51 Tumblebrook Rd		City Woodbridge			State CT	Zip Code 06525	Date Receive			
Principal Occupation		Name of Employer				Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes XNo		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Leg	X No		utor a lobbyist child of a lob res	byist?	Aggregate Contril	outions	\$100.00	

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	G DUE DATE	
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name Fried	First Name Hilary			MI	Method of o Cash Money	contribution: Personal C Order X Credit/Det	1007	ion ID #	Amount of Contribution	
Residential Street Address 16 Usher St		City Milford			State CT	Zip Code 06460	Date Received 05/14/201			
Principal Occupation		Name of Employer			-	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective		es X No		utor a lobbyist child of a lob res	byist?	Aggregate Contrib	outions	\$100.00	
Last Name Funk	First Name Frances			MI L	Method of o Cash Money	contribution: Personal C Order X Credit/Deb	1009	ion ID #	Amount of Contribution	
Residential Street Address 556 Old Eagleville Rd		City Coventry			State CT	Zip Code 06238	Date Received 05/14/201			
Principal Occupation		Name of Employer				Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	es X No	dependent	utor a lobbyist child of a lob res X	byist?	Aggregate Contrib	outions \$10.00	\$10.00	
Last Name Peck	First Name Milo			MI	Method of o Cash Money	contribution: Personal C Order X Credit/Det	1011	ion ID #	Amount of Contribution	
Residential Street Address 23 Orchard Rd		^{City} Windsor			State CT	Zip Code 06095	Date Received 05/15/201			
Principal Occupation		Name of Employer			-	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	es X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contrib	outions \$25.00	\$25.00	
Last Name Kalamarides	First Name John			MI	Method of o Cash Money	contribution: Personal C Order X Credit/Det	1010	ion ID #	Amount of Contribution	
Residential Street Address 180 Westport Rd		City Wilton			State CT	Zip Code 06897	Date Received			
Principal Occupation		Name of Employer				Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes XNo		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		_	es X No		utor a lobbyist child of a lob res	byist?	Aggregate Contrib \$	outions	\$100.00	

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
		B. Ite	mized Contributi	ons from	Individu	als			
Last Name	First Name			MI		contribution:		tion ID #	Amount of
Clemons	Thomasin	а			Cash Money	V Order X Credit/Deb	1012		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	d]
655-7 Talcottville Rd		Vernon			СТ	06066	05/18/20	10	-
Principal Occupation		Name of Emp	ployer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob res X	byist?	Aggregate Contri	butions \$50.00	\$50.00
Last Name Lamb	First Name Wally			MI	Cash	contribution: Personal C v Order X Credit/Det	heck 1014	tion ID #	Amount of Contribution
Residential Street Address		City		I	State	Zip Code	Date Receive	d	
29 Hunters Run		Storrs			СТ	06268	05/19/20	10	-
Principal Occupation		Name of Emp	ployer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggregate Contri	butions \$100.00	\$100.00
Last Name	First Name			MI	Method of o	contribution:	Contribu	tion ID #	Amount of
Desiderato	David				Cash Money	Order X Credit/Deb	1013		Contribution
Residential Street Address 88 Simsbury Rd		City Windsor Le	ocks		State CT	Zip Code 06096	Date Receive 05/19/20		
Principal Occupation		Name of Em	ployer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggregate Contri	butions \$10.00	\$10.00
Last Name	First Name			MI	Method of o	contribution:		tion ID #	Amount of
Workman	Kare			J	Cash Money	V Order Credit/Deb	0760		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	d	
238 Seymour Rd		Woodbridg	je		СТ	06325	05/21/20	10	ļ
Principal Occupation		Name of Emp	ployer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of		Freed	Yes X No		utor a lobbyist child of a lob es X	byist?	Aggregate Contri	butions \$35.00	\$35.00
government the contract is with:		Executive	Legislative		cs ^	INO			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name	First Name		MI	Method of	contribution:	Contributi	on ID #	Amount of	
Gill	Joan			Cash Money	y Order	0762		Contribution	
Residential Street Address	-	City		State	Zip Code	Date Received	l		
187 Old South Rd		Litchfield		СТ		05/21/201	0		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		butor a lobbyis nt child of a lob Yes	byist?	Aggregate Contrib	utions \$50.00	\$50.00	
Last Name Goldberg	First Name Carol		MI R	Cash	contribution: X Personal C y Order Credit/Deb	0764	on ID #	Amount of Contribution	
Residential Street Address 5 N Humiston Dr		City Bethany		State CT	Zip Code	Date Received 05/21/201			
Principal Occupation attorney		Name of Employer state of ct		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependen	butor a lobbyis nt child of a lob Yes X	byist?	Aggregate Contrib	utions \$50.00	\$50.00	
Last Name reed	First Name Lonnie		MI	Cash	contribution: X Personal C y Order Credit/Deb	0765	on ID #	Amount of Contribution	
Residential Street Address 60 Maple St # 44	1	City Branford		State CT	Zip Code 06405	Date Received			
Principal Occupation state rep/pres.		Name of Employer state of ct/LRP Inc			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependen	butor a lobbyis at child of a lob Yes X	byist?	Aggregate Contrib	utions 100.00	\$100.00	
Last Name Mills	First Name Lesley		MI M	Cash	contribution: X Personal C y Order Credit/Deb	0766	on ID #	Amount of Contribution	
Residential Street Address 132 Beach Ave		City Milford		State CT	Zip Code	Date Received 05/21/201			
Principal Occupation owner		Name of Employer griswold special homecare			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No		butor a lobbyis nt child of a lob Yes	byist?	Aggregate Contrib	utions 100.00	\$100.00	

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	G DUE DATE
Merrill For Secretary Of The St	ate								
		B. Ite	emized Contributi	ons from	Individu	ials			
Last Name Klein	First Name Jennifer			MI	Cash	contribution: X Personal C / Order Credit/Del	0767	ion ID #	Amount of Contribution
Residential Street Address 109 Woodbridge Ave		City New Have	en		State CT	Zip Code 06515	Date Received		
Principal Occupation professor		Name of En Yale Univ				Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes XNo	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob res	byist?	Aggregate Contrib	outions \$35.00	\$35.00
Last Name Lambert	First Name James			MI	Cash	contribution: X Personal C y Order Credit/Del	0774	ion ID #	Amount of Contribution
Residential Street Address 18 Great Meadow Dr		City Milford			State CT	Zip Code 06460	Date Received		
Principal Occupation insurance		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ^r es X	byist?	Aggregate Contrib	outions \$50.00	\$50.00
Last Name Lambert	First Name Kerry			MI	Cash	contribution: X Personal C / Order Credit/Del	0775	ion ID #	Amount of Contribution
Residential Street Address 18 Great Meadow Dr		City Milford			State CT	Zip Code 06460	Date Received		
Principal Occupation Teacher		Name of En St. Ann's				Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes XNo	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contrib	outions \$50.00	\$50.00
Last Name McDonnell	First Name Patricia			MI	X Cash	contribution: Personal C v Order Credit/Del	0777	ion ID #	Amount of Contribution
Residential Street Address 98 Stratfield Rd		^{City} Fairfield			State CT	Zip Code 06825	Date Received		
Principal Occupation retired		Name of En n/a	nployer			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	· · ·	Executive	Yes X No		utor a lobbyist child of a lob 'es	byist?	Aggregate Contrib	outions \$5.00	\$5.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	G DUE DATE
Merrill For Secretary Of The St	ate								
		B. Ite	emized Contributi	ons from	Individu	ials			
Last Name	First Name			MI	Method of	contribution:	Contribu	tion ID #	Amount of
Anders	Franklin	-			Cash Money	/ Order Credit/Del	0780		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	d	
9 Terra Glen Rd		Danbury			СТ		05/21/203	10	ļ
Principal Occupation		Name of En	nployer			Is this contribution associ- fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob res X	byist?	Aggregate Contril	sutions \$25.00	\$25.00
Last Name Anders	First Name Barbara			MI	Cash	contribution: X Personal C / Order Credit/Del	0781	tion ID #	Amount of Contribution
Residential Street Address		City			State	Zip Code	Date Receive	d	
9 Terra Glen Rd		Danbury			СТ		05/21/203	10	
Principal Occupation retired		Name of En n/a	nployer			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate Contril	sutions \$25.00	\$25.00
Last Name	First Name			MI	Method of	contribution:	Contribu	tion ID #	Amount of
DaSilva	Joseph				Cash Money	/ Order Credit/Del	0784		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	d	
17 Montville Ave		Danbury			СТ	06810	05/21/203	10	ļ
Principal Occupation Attorney		Name of En Depantili	nployer s & Vellerio LLC			Is this contribution associ- fundraising event listed in If yes, list Event # 05	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate Contril	outions	\$100.00
Last Name	First Name			MI	Method of	contribution:	Contribu	tion ID #	Amount of
Tiernan	Shawn				Cash Money	V Order Credit/Del	0788		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	d	
21 Pleasant St		Branford			СТ	06405	05/21/203	10	ļ
Principal Occupation attorney		Name of En state of (Is this contribution associ- fundraising event listed in If yes, list Event # 05	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of			Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contril	outions	\$100.00
government the contract is with:		Executive	Legislative	Y L	es 🔨	NO			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	G DUE DATE
Merrill For Secretary Of The St	ate								
		B. Ite	emized Contributi	ons from	n Individu	als			
Last Name Tiernan III	First Name Charles			MI E	Cash	contribution: X Personal C v Order Credit/Det	0789	tion ID #	Amount of Contribution
Residential Street Address 21 Juniper Point Rd		^{City} Branford			State CT	Zip Code 06405	Date Receive		
Principal Occupation Attorney		Name of En Lynch, Ti	nployer raub, keefe, & Errant	te		Is this contribution association fundraising event listed in If yes, list Event # 05	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist t child of a lob Yes	byist?	Aggregate Contril	outions	\$100.00
Last Name Sperling	First Name Sally			MI	Cash	contribution: X Personal C v Order Credit/Det	0790	tion ID #	Amount of Contribution
Residential Street Address 71 Grist Mill Cir		City Guilford			State CT	Zip Code 06437	Date Receive 05/21/201		
Principal Occupation life insurance		Name of En self	nployer		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist t child of a lob 7es X	byist?	Aggregate Contril	outions \$35.00	\$35.00
Last Name Emanuel	First Name Jane			MI R	Cash	contribution: X Personal C v Order Credit/Det	0793	tion ID #	Amount of Contribution
Residential Street Address 61 Grist Mill Cir		City Guilford		-	State CT	Zip Code 06437	Date Receive		
Principal Occupation		Name of En	nployer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist t child of a lob 7es X	byist?	Aggregate Contril	outions	\$100.00
Last Name Emanuel	First Name Richard			MI	Cash	contribution: X Personal C v Order Credit/Deb	0791	tion ID #	Amount of Contribution
Residential Street Address 61 Grist Mill Cir		^{City} Guilford			State CT	Zip Code 06437	Date Receive 05/21/201		
Principal Occupation attorney at law		Name of En self-emp				Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist t child of a lob 7es X	byist?	Aggregate Contril	outions	\$100.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE						FILINC	DUE DATE	
Merrill For Secretary Of The State								
	B. Itemized Contribut	tions from Ir	ndividuals					
Last Name First Na	ne	MI N	Method of contribution:		Contributi	on ID #	Amount of	
Lee K.J.			Cash Money Order	X Personal Check Credit/Debit Ca	0795		Contribution	
Residential Street Address	City	s	State Zip Code		Date Received			
1 Long Wharf Dr Ste 302	New Haven	C	ст		05/21/2010	D		
Principal Occupation doctor	Name of Employer self			tribution associated v g event listed in Sect Event #	ion J1?	Yes No		
Is contributor a principal of a state contractor or prospe- state contractor? Is yes, indicate which branch or branches of government the contract is with:	ive Yes X No		a lobbyist, spouse, or ld of a lobbyist?	А	ggregate Contribu \$1	utions	\$100.00	
Last Name First Na Squatrito Carla	ne	MI M	Method of contribution: Cash Money Order	X Personal Check	0798	on ID #	Amount of Contribution	
Residential Street Address 192 Knollwood Rd	City Manchester		State Zip Code CT 06042		Date Received			
Principal Occupation President	Name of Employer Carla's Pasta, Inc	I		tribution associated v g event listed in Sect Event #	ion J1?	Yes No		
Is contributor a principal of a state contractor or prospe- state contractor? Is yes, indicate which branch or branches of government the contract is with:	ive Yes X No		a lobbyist, spouse, or ld of a lobbyist?	А	ggregate Contribu \$1	itions	\$100.00	
Last Name First Na	ne	MI N	Method of contribution:		Contributio	on ID #	Amount of	
Goncalves Gary			Cash Money Order	Personal Check Credit/Debit Ca	0800		Contribution	
Residential Street Address 55 Lawrence Ave	City Danbury		State Zip Code		Date Received 05/21/2010			
Principal Occupation	Name of Employer	I	Is this con	tribution associated v	with a	Yes		
retired	n/a		fundraisin If yes, list	g event listed in Sect Event #	ion J1?	No		
Is contributor a principal of a state contractor or prospe- state contractor? Is yes, indicate which branch or branches of government the contract is with:	tive Yes X No		a lobbyist, spouse, or ld of a lobbyist?	А	ggregate Contribu	itions \$50.00	\$50.00	
Last Name First Na	ne	MI	Aethod of contribution:		Contributio	on ID #	Amount of	
Rapacz Pame	3		Cash Money Order	X Personal Check Credit/Debit Ca	0804		Contribution	
Residential Street Address 12 Baileys Ln	City Wethersfield		State Zip Code		Date Received			
Principal Occupation Registrar of Voters	Name of Employer Town of Wethersfield	Į		tribution associated v g event listed in Sect Event #	ion J1?	Yes No	L	
Is contributor a principal of a state contractor or prospe- state contractor? Is yes, indicate which branch or branches of government the contract is with:	ive Yes X No		a lobbyist, spouse, or ld of a lobbyist?	А	ggregate Contribu	itions \$50.00	\$50.00	

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	G DUE DATE
Merrill For Secretary Of The St	ate								
		B. Ite	mized Contributi	ons from	Individu	als			
Last Name Schaffer	First Name Anthony			MI	Cash	contribution: X Personal C v Order Credit/Del	0805	ion ID #	Amount of Contribution
Residential Street Address 1 Overhill Rd		City Woodbride	ge	1	State CT	Zip Code 06525	Date Receive		
Principal Occupation Real Estate Executive		Name of Em C.A. Whit				Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob 'es	byist?	Aggregate Contril	outions \$35.00	\$35.00
Last Name Catardi	First Name Anita			MI	Cash	contribution: X Personal C v Order Credit/Del	0792	ion ID #	Amount of Contribution
Residential Street Address 53 Driftwood Ln		City Guilford			State CT	Zip Code 06437	Date Receive 05/21/201		
Principal Occupation retred		Name of Em n/a	ployer			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes XNo	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate Contril	outions \$50.00	\$50.00
Last Name Savageau	First Name Denise			MI	Cash	contribution: X Personal C v Order Credit/Del	0750	ion ID #	Amount of Contribution
Residential Street Address 72 Oak Ridge Rd		City Greenwich	1		State CT	Zip Code 06830	Date Receive		
Principal Occupation Conservation Director		Name of Em Town of (^{ployer} Greenwich		-	Is this contribution associ fundraising event listed ir If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es	byist?	Aggregate Contril	outions	\$100.00
Last Name Karter	First Name Elizabeth			MI	Cash	contribution: X Personal C v Order Credit/Del	0753	ion ID #	Amount of Contribution
Residential Street Address 41 Smith Neck Rd		City Old Lyme			State CT	Zip Code 06371	Date Receive 05/21/201		
Principal Occupation Investor		Name of Em Karter Ca				Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist child of a lob Yes X	byist?	Aggregate Contrit	outions \$75.00	\$75.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
		B. It	emized Contributi	ons from	ı Individu	ials			
Last Name EspinozA	First Name Ramon			MI	X Cash	contribution: Personal C / Order Credit/Del	Theck 0755	ution ID #	Amount of Contribution
Residential Street Address 51 Pulaski Dr	-	^{City} Hartford			State CT	Zip Code 06106	Date Receiv 05/21/20		
Principal Occupation student		Name of Er n/a	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob res	byist?	Aggregate Cont	ibutions \$40.00	\$40.00
Last Name Graver	First Name Louise	-		MI	Cash	contribution: X Personal C / Order Credit/Del	Theck 0794	ution ID #	Amount of Contribution
Residential Street Address 124 Tuttles Point Rd		City Guilford			State CT	Zip Code 06437	Date Receiv 05/21/20		
Principal Occupation Name of Employer Registrar of Voters Town of Guilford					•	Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es X	byist?	Aggregate Cont	ibutions \$25.00	\$25.00
Last Name Taborsak	First Name Kelly			MI V	Cash	contribution: X Personal C / Order Credit/Del	Theck 0778	ution ID #	Amount of Contribution
Residential Street Address 37 Clearview Ave		^{City} Danbury			State CT	Zip Code 06811	Date Receiv 05/21/20		
Principal Occupation Planner/Logistics		Name of Er ASML Lit	nployer thography			Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es	byist?	Aggregate Cont	ibutions \$50.00	\$50.00
Last Name Taborsak	First Name Joseph	-		MI A	Cash	contribution: X Personal C v Order Credit/Del	Theck 0779	ution ID #	Amount of Contribution
Residential Street Address 37 Clearview Ave		^{City} Danbury			State CT	Zip Code 06811	Date Receiv 05/21/20		
Principal Occupation Lawyer/state representative		Name of Er Riefberg CT	^{nployer} , Smart, Donahue,	/State of		Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyis child of a lob 'es	byist?	Aggregate Cont	ibutions \$50.00	\$50.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	G DUE DATE
Merrill For Secretary Of The St	ate								
		B. It	emized Contributi	ons fron	ı Individu	ials			
Last Name	First Name			MI	Method of	contribution:	Contribut	ion ID #	Amount of
McCarty	Janet			М	Cash	y Order Personal C Credit/Del	0768		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	1	
15 Cella Ter		North Ha	ven		СТ	06473	05/21/201	.0	
Principal Occupation		Name of Er	nployer			Is this contribution association fundraising event listed in		Yes	
n/a		n/a				If yes, list Event #		No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist	-	Aggregate Contril	outions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	dependent	child of a lob Tes		\$	100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	Contribut	ion ID #	Amount of
Kent	Carol				Cash Money	V Order Credit/Del	0803		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	1	
322 Brooklyn Rd		Canterbu	ry		СТ	06331 05/21/2010			
Principal Occupation		Name of Er	nployer			Is this contribution association fundraising event listed in		Yes	
retired		n/a				If yes, list Event #		× No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggregate Contrib	outions	İ
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		child of a lob es			\$50.00	\$50.00
government the contract is with:	First Name	Literative		мі		contribution:		. ID //	
Stites	M.Cynara			111	Cash	y Order	0802	ion ID #	Amount of Contribution
Residential Street Address		City			State	Zip Code	Date Receive	1	
122 Hanks Hill Rd		Storrs			СТ	06268	05/21/201	.0	
Principal Occupation		Name of Er	nployer			Is this contribution associ		Yes	
retired		n/a				fundraising event listed in If yes, list Event #		× No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyist	t, spouse, or	Aggregate Contrib	outions	İ
state contractor? Is yes, indicate which branch or branches of					child of a lob			\$15.00	\$15.00
government the contract is with:		Executive	Legislative		⁷ es X				
Last Name Widziewicz	First Name Raymond			MI A	Method of Cash	contribution:	Contribut	ion ID #	Amount of Contribution
Muziewicz	Raymona	-				order Credit/Del	oit Card 0776		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	1	
264 Lyman Rd # 2-5		Wolcott			СТ	06716	05/21/201	.0	ļ
Principal Occupation		Name of Er	nployer			Is this contribution associ- fundraising event listed in		Yes	
teacher		retired				If yes, list Event #		No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	· • ·	Aggregate Contril	outions	1
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	dependent	child of a lob es			\$50.00	\$50.00
government the contract is with:		Executive	Legislative	<u>і п</u> ,	cs 🔼	INU			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
		B. Itemized Cont	tributions	from	Individu	als			
Last Name Ciacciarella	First Name Anne		М	II	Method of c	contribution:		oution ID #	Amount of Contribution
		i			Money		bit Card		-
Residential Street Address 34 Donovan Rd		^{City} Naugatuck			State CT	Zip Code 06770	Date Recei		
Principal Occupation Paralegal adminstrator		Name of Employer Terence S. Hawkins, E	Edq			Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative	de		tor a lobbyist child of a lobb es X	oyist?	Aggregate Con	ributions \$100.00	\$100.00
Last Name Sheehy	First Name Eleanor		M S		Method of c Cash Money	X Personal C	Check 0772	oution ID #	Amount of Contribution
Residential Street Address 7 Bunker Hill Rd		^{City} Woodbridge			State CT	Zip Code Date Received 06525 05/21/2010			
Principal Occupation Name of Employer				+		Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative	de		tor a lobbyist child of a lobb es X	oyist?	Aggregate Con	ributions \$100.00	\$100.00
Last Name Markowitz	First Name Brad		М	П	Method of c	X Personal C	Check 0751	oution ID #	Amount of Contribution
Residential Street Address 10 Loughlin Ave		City Cos Cob			State CT	Zip Code 06807	Date Recei 05/21/2]
Principal Occupation health care management		Name of Employer Park Avenue Health C Management	are			Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	de		tor a lobbyist child of a lobb es X	oyist?	Aggregate Con	ributions \$100.00	\$100.00
Last Name Taborsak	First Name Robert		M J	II	Method of c Cash Money	X Personal C	Check 0782	oution ID #	Amount of Contribution
Residential Street Address 110 Hayestown Rd		City Danbury			State CT	Zip Code 06811	Date Recei 05/21/2		
Principal Occupation retired teacher		Name of Employer n/a				Is this contribution associ fundraising event listed in If yes, list Event # 05	Section J1?	X Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	de		tor a lobbyist child of a lobb es X	oyist?	Aggregate Con	ributions \$50.00	\$50.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILING	G DUE DATE
Merrill For Secretary Of The St	ate							
		B. Itemized Contribut	ions fron	n Individu	ıals			
Last Name Schlemmer	First Name Rose		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	0783	ion ID #	Amount of Contribution
Residential Street Address 11 Liberty Ave		City Danbury		State CT	Zip Code 06810	Date Received 05/21/201		
Principal Occupation teacher		Name of Employer St Mary School			Is this contribution associat fundraising event listed in S If yes, list Event # 051	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No	dependent	utor a lobbyis t child of a lob Yes X	byist?	Aggregate Contrib	utions \$20.00	\$20.00
Last Name Anastasio	First Name Carol		MI	Cash	contribution: Personal Ch y Order Credit/Debi	0771	ion ID #	Amount of Contribution
Residential Street Address 494 Winthrop Ave		City New Haven		State CT	Zip Code 06511	Date Received 05/21/201		
Principal Occupation Name of Employer					Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyis t child of a lob Yes X	byist?	Aggregate Contrib	utions \$60.00	\$60.00
Last Name Dranginis	First Name Anne		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	0763	ion ID #	Amount of Contribution
Residential Street Address 352 Norfolk Rd	-	^{City} Litchfield		State CT	Zip Code 06759	Date Received 05/21/201		
Principal Occupation Attorney		Name of Employer Rome McGuinan P.C.			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyis t child of a lob Yes X	byist?	Aggregate Contrib	utions 100.00	\$100.00
Last Name Lambert	First Name Paul		MI E	Cash	contribution: X Personal Ch y Order Credit/Debi	0773	ion ID #	Amount of Contribution
Residential Street Address 8 Breakneck Ln		City Milford		State CT	Zip Code 06460	Date Received		
Principal Occupation retired		Name of Employer n/a			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyis t child of a lob Yes X	byist?	Aggregate Contrib	utions 100.00	\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	G DUE DATE
Merrill For Secretary Of The St	ate								
		B. Ite	emized Contributi	ons from	ı Individu	ials			
Last Name	First Name			MI	Method of	contribution:	Contribu	tion ID #	Amount of
Conroy	Theresa				Cash Money	y Order Credit/Del	0769		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	d	
177 Skokorat St		Seymour			СТ	06483	05/21/20	10	ļ
Principal Occupation		Name of En				Is this contribution associ fundraising event listed in		Yes	
state rep		state of	СТ			If yes, list Event #		X No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist	-	Aggregate Contri	outions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	dependent	child of a lob Tes			\$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:	Contribu	tion ID #	Amount of
Godfrey	Rita			Р	Cash Money	y Order Credit/Del	0801		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	d	
13 Stillman Ave		Danbury			CT 06810 05/21/2			10	ļ
Principal Occupation		Name of Er	nployer			Is this contribution associ		X Yes	
retired		n/a				fundraising event listed ir If yes, list Event # 05		No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist	-	Aggregate Contri	outions	Ī
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		child of a lob es			\$50.00	\$50.00
government the contract is with:	Einst Manua	Executive		<u> </u>					
Last Name Hemming	First Name Barbara			MI	Cash	contribution:	heck	tion ID #	Amount of Contribution
		•			Money	y Order Credit/Del	oit Card 0796		
Residential Street Address		City			State	Zip Code	Date Receive		
96 Glenwood Dr		Guilford			СТ	06437	05/21/203	10	ļ
Principal Occupation		Name of Er	nployer			Is this contribution associ fundraising event listed in		Yes	
						If yes, list Event #		X No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyist	t, spouse, or	Aggregate Contri	outions	Ť
state contractor? Is yes, indicate which branch or branches of			_		child of a lob			\$50.00	\$50.00
government the contract is with:		Executive	Legislative		^r es X	No			
Last Name	First Name			MI		contribution:		tion ID #	Amount of
Morin	Russ				Cash	y Order Credit/Del	0754		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	d	
495 Brimfield Rd		Wethersf	ield		СТ	06109	05/21/203	10]
Principal Occupation		Name of Er	nployer			Is this contribution associ		Yes	
legislator/staff rep		State of	CT/CEIU			fundraising event listed ir If yes, list Event #	Section J1?	X No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis	· • ·	Aggregate Contri	outions	1
state contractor? Is yes, indicate which branch or branches of					child of a lob		9	\$100.00	\$100.00
government the contract is with:		Executive	Legislative	Y L	'es X	No			

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name Mushinsky	First Name Mary		MI	Cash	contribution: X Personal Ch v Order Credit/Debi	0770	ion ID #	Amount of Contribution		
Residential Street Address 188 S Cherry St		City Wallingford		State CT	Zip Code 06492	Date Received 05/21/201				
Principal Occupation legislator/exec. director		Name of Employer State of CT/Quinnipiac River Watershed			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyist child of a lob Yes	byist?	Aggregate Contrib	utions \$50.00	\$50.00		
Last Name Trojanowski-Marconi	First Name Louise		MI	Cash	contribution: X Personal Ch v Order Credit/Debi	0785	ion ID #	Amount of Contribution		
Residential Street Address 125 Whisconier Rd		City Brookfield		State CT	Zip Code 06804	Date Received 05/21/201				
Principal Occupation Name of Employer Banker/Assistant Manager Bank of America					Is this contribution associat fundraising event listed in S If yes, list Event # 0510	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate Contrib	utions \$50.00	\$50.00		
Last Name Marconi	First Name Robert		MI L	Cash	contribution: X Personal Ch v Order Credit/Debi	0787	ion ID #	Amount of Contribution		
Residential Street Address 125 Whisconier Rd		^{City} Brookfield		State CT	Zip Code 06804	Date Received 05/21/201				
Principal Occupation assistant attorney general		Name of Employer state of ct			Is this contribution associat fundraising event listed in S If yes, list Event # 0510	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist child of a lob Yes	byist?	Aggregate Contrib	utions \$50.00	\$50.00		
Last Name Mrowka	First Name Dorothy		MI A	Cash	contribution: X Personal Ch v Order Credit/Debi	0799	ion ID #	Amount of Contribution		
Residential Street Address 399 Lebanon Ave		City Colchester		State CT	Zip Code 06415	Date Received				
Principal Occupation retired		Name of Employer n/a			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob Yes X	byist?	Aggregate Contrib	utions \$50.00	\$50.00		

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name	First Name			MI	Method of	contribution:	Contribu	tion ID #	Amount of
Tyszka	Marilyn	-			Cash Money	/ Order Credit/Del	0806		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	ed	
12 Briarwood Dr		Simsbury	,		СТ	06070	05/21/20	10	
Principal Occupation		Name of Er	nployer		-	Is this contribution associ		Yes	
retired		n/a				fundraising event listed in If yes, list Event #	Section J1?	x No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist		Aggregate Contri	butions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	dependent	child of a lob es			\$100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	Contribu	tion ID #	Amount of
Seifert	Conrad	-		0	Cash Money	/ Order Credit/Del	0797		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	ed	
10 Wildwood Dr		Niantic			СТ	06357	05/21/20	10	
Principal Occupation		Name of Er	nployer		-	Is this contribution associ		Yes	
attorney self						fundraising event listed in If yes, list Event #	Section J1?	X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob es X	byist?	Aggregate Contri	butions \$50.00	\$50.00
government the contract is with:		Executive		<u> </u>					1
Last Name DaSilva	First Name Linda			MI B	Cash	contribution: X Personal C / Order Credit/Del	Check 0786	tion ID #	Amount of Contribution
Residential Street Address		City			State	Zip Code	Date Receive	ed	
157 Kohanza St		Danbury			СТ	06811	05/21/20	10	
Principal Occupation		Name of Er	nployer		•	Is this contribution associ	ated with a	x Yes	1
retired		n/a				fundraising event listed in If yes, list Event # 05	Section J1?	No	
				1				_	+
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyist child of a lob		Aggregate Contri		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		Yes X			\$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:	Contribu	tion ID #	A
Krumeich	Elizabeth			к	Cash	V Order Credit/Del	Check 0752	aion 112 #	Amount of Contribution
Residential Street Address		City			State	Zip Code	Date Receive	ed	1
16 Perryridge Rd		Greenwic	h		СТ	06830	05/21/20	10	
Principal Occupation		Name of Er	nployer		•	Is this contribution associ		Yes	1
Attorney		GlobeOp	Financial Services			fundraising event listed in If yes, list Event #	Section J1?	X No	
Is contributor a principal of a state contractor state contractor?	or prospective	-	Yes X No		utor a lobbyist child of a lob		Aggregate Contri	butions \$100.00	\$100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y 🗌	Yes X	No			\$100.00

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name	First Name		MI		contribution:	Contributi	on ID #	Amount of		
Barrett	Susan			Cash Money	V Order X Credit/Debi	1015		Contribution		
Residential Street Address		City		State	Zip Code	Date Received	l			
122 Wilton Rd		Fairfield		СТ	06824	05/24/201	0			
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist t child of a lob Yes	byist?	Aggregate Contrib	utions 100.00	\$100.00		
Last Name Hall	First Name Joyce		MI P	Cash	contribution: X Personal Cl / Order Credit/Debi	0756	on ID #	Amount of Contribution		
Residential Street Address 4 Pine Grove Ave	1	City Enfield	-1	State CT	Zip Code 06082	Date Received				
Principal Occupation Name of Employer n/a				4	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist t child of a lob Tes	byist?	Aggregate Contrib	utions \$50.00	\$50.00		
Last Name Farber	First Name Stephanie	2	MI	Cash	contribution: Personal Cl / Order X Credit/Debi	1016	on ID #	Amount of Contribution		
Residential Street Address 14 Ozone Rd		City Branford		State CT	Zip Code 06405	Date Received 05/24/201				
Principal Occupation		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist t child of a lob Tes X	byist?	Aggregate Contrib	utions 100.00	\$100.00		
Last Name Norman	First Name David		MI	Cash	contribution: Personal Cl v Order X Credit/Debi	1019	on ID #	Amount of Contribution		
Residential Street Address 16 Russell Dr		City Vernon	I	State CT	Zip Code 06066	Date Received 05/24/201				
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No		utor a lobbyist t child of a lob Yes X	byist?	Aggregate Contrib	utions \$10.00	\$10.00		

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Heslin	First Name Mar			MI M	Cash	contribution: X Personal C v Order Credit/Del	Check 0758	ution ID #	Amount of Contribution
Residential Street Address 235 Kenyon St		City Hartford			State CT	Zip Code 06105	Date Receiv 05/24/20		
Principal Occupation retired		Name of Employer n/a				Is this contribution associ fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legi	X No	dependent	utor a lobbyist child of a lob es	byist?	Aggregate Contr	ibutions \$50.00	\$50.00
Last Name Cichowski	First Name Gregory			MI	Cash	contribution: X Personal C v Order Credit/Del	Check 0759	ution ID #	Amount of Contribution
Residential Street Address 53 Old Turnpike Rd		City Storrs			State CT	Zip Code 06268	Date Receiv 05/24/20		
Principal Occupation Name of Employer Pharmacist Mansfield Apothecary						Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legi	X No	dependent	utor a lobbyist child of a lob es	byist?	Aggregate Contr	ibutions \$50.00	\$50.00
Last Name Doyle	First Name Brian			MI	Cash	contribution: X Personal C v Order Credit/Del	Check 0757	ution ID #	Amount of Contribution
Residential Street Address 4 Kellogg St		^{City} Windsor			State CT	Zip Code 06095	Date Receiv 05/24/20		
Principal Occupation Attorney		Name of Employer Ferguson & Doyle	2			Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Lega	X No	dependent	utor a lobbyist child of a lob es	byist?	Aggregate Contr	ibutions \$40.00	\$40.00
Last Name Ciccarello-Robinson	First Name Marilyn			MI	Method of o Cash Money	contribution: Personal C Order X Credit/Del	Theck 1017	ution ID #	Amount of Contribution
Residential Street Address 21 Linden St Unit 5		City Norwalk			State CT	Zip Code 06851	Date Receiv 05/24/20		
Principal Occupation		Name of Employer				Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Leg	X No		utor a lobbyist child of a lob es X	byist?	Aggregate Cont	ibutions \$10.00	\$10.00

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name Dolan	First Name Michael		MI	Method of Cash	contribution:	Contributi	on ID #	Amount of		
	Michael				Order X Credit/Debi	1018		Contribution		
Residential Street Address		City		State	Zip Code	Date Received				
79 Al Harvey Rd		Stonington		СТ	06378	05/24/201	0	ł		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		utor a lobbyist child of a lob res X	byist?	Aggregate Contrib	utions 100.00	\$100.00		
Last Name Robinson	First Name Elizabeth		MI	Cash	contribution: Personal Cl v Order X Credit/Debi	1021	on ID #	Amount of Contribution		
Residential Street Address 5 C Sycamore Dr		City Storrs		State CT	Zip Code 06268	Date Received 05/25/201				
Principal Occupation Name of Employer				1	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate Contrib	utions \$10.00	\$10.00		
Last Name Bogin	First Name Joanna		MI	Cash	contribution: Personal Cl / Order X Credit/Debi	1209	on ID #	Amount of Contribution		
Residential Street Address 31 Woodland St		City Hartford	1	State CT	Zip Code 06105	Date Received 05/25/201				
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate Contrib	utions \$50.00	\$50.00		
Last Name	First Name		MI	Method of	contribution:	Contributi	on ID #	Amount of		
Fox-Erlich	Susan			Cash Money	/ Order X Credit/Deb	1020		Contribution		
Residential Street Address 101 Patton Dr		City Cheshire		State CT	Zip Code 06410	Date Received				
Principal Occupation		Name of Employer		!	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No		utor a lobbyist child of a lob res	byist?	Aggregate Contrib	utions \$10.00	\$10.00		

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	IG DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name	First Name			MI		contribution:		tribution ID #	Amount of
Rojas	Sarah				Cash	V Order Credit/Deb	12	10	Contribution
Residential Street Address		City			State	Zip Code	Date Re	ceived	1
558 Oak St		East Hart	ford		СТ	06118	05/26	/2010	
Principal Occupation		Name of Er	nployer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate C	ontributions \$50.00	\$50.00
Last Name Rojas	First Name Jason			MI	Cash	contribution: Personal C Order X Credit/Det	Theck 12	ntribution ID #	Amount of Contribution
Residential Street Address		City			State	Zip Code	Date Re	ceived	1
558 Oak St		East Hart	ford		СТ	06118	05/26	/2010	
Principal Occupation Name of Employer						Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate C	ontributions \$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:		tribution ID #	Amount of
Creed	kevin			E	Cash Money	V Order Credit/Deb	08	15	Contribution
Residential Street Address 39 Byrnes Ave		City Litchfield			State CT	Zip Code	Date Re 05/27		
						Is this contribution associa			-
Principal Occupation Name of Employer US Army (ret)/Attorney Newman Creed & Associates I				LLC		fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 7es X	byist?	Aggregate C	ontributions \$25.00	\$25.00
government the contract is with:	First Name	Executive	Legislative	мі	ı –	contribution:		tribution ID #	
Manes	Beverly			111	Cash	V Personal C V Order Credit/Det	Theck 08	tribution ID #	Amount of Contribution
Residential Street Address		City			State	Zip Code	Date Re		
18 Wilson Rd		Litchfield			СТ	06759	05/27	/2010	4
Principal Occupation Asst Tax Collector		Name of Er Town of	nployer Litchfield			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes X No		utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate C	ontributions \$25.00	\$25.00
government the contract is with:									

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		I. MONETARY RE	CEIPTS	6 (Section	n A-I)				
NAME OF COMMITTEE							FILING	G DUE DATE	
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Manes	First Name Joseph		MI	Cash	contribution: X Personal Cl / Order Credit/Deb	0813	on ID #	Amount of Contribution	
Residential Street Address 18 Wilson Rd		City Litchfield		State CT	Zip Code 06759	Date Received 05/27/201			
Principal Occupation retired		Name of Employer n/a			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		utor a lobbyist child of a lob /es	byist?	Aggregate Contrib	utions \$25.00	\$25.00	
Last Name Tully	First Name Barbara		MI C	Cash	contribution: Personal Cl Order X Credit/Debi	1214	on ID #	Amount of Contribution	
Residential Street Address 4 N Salem Rd		City Ridgefield		State CT	Zip Code 06877	Date Received 05/27/201			
Principal Occupation		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contrib	utions \$25.00	\$25.00	
Last Name harkins	First Name John		MI	Cash	contribution: Personal Cl / Order X Credit/Debi	1216	on ID #	Amount of Contribution	
Residential Street Address 45 Lockwood Ave		City Old Greenwich		State CT	Zip Code 06870	Date Received			
Principal Occupation		Name of Employer		-	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob Yes	byist?	Aggregate Contrib	utions \$20.00	\$20.00	
Last Name Creed	First Name Evelyn		MI J	Cash	contribution: X Personal Cl / Order Credit/Deb	0814	on ID #	Amount of Contribution	
Residential Street Address 39 Byrnes Ave		City Litchfield		State CT	Zip Code 06759	Date Received 05/27/201			
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No		utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contrib	utions \$25.00	\$25.00	

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Blondin	First Name Audrey			MI	Cash	contribution: X Personal C / Order Credit/Deb	heck 0816	bution ID #	Amount of Contribution
Residential Street Address 66 Tallmadge Ln	•	^{City} Litchfield			State CT	Zip Code 06759	Date Rece 05/27/2		
Principal Occupation attorney		Name of Emp self	bloyer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes	byist?	Aggregate Cor	tributions \$100.00	\$100.00
Last Name White	First Name Philip	-		MI	Cash	contribution: Personal C Order X Credit/Det	heck 121	bution ID # 3	Amount of Contribution
Residential Street Address 188 Flint Ridge Rd		City Monroe			State CT	Zip Code 06468	Date Rece 05/27/2		
Principal Occupation Name of Employer					Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate Cor	tributions \$25.00	\$25.00
Last Name Scott	First Name Christy			MI	Cash	contribution: X Personal C / Order Credit/Deb	heck 081	bution ID # 7	Amount of Contribution
Residential Street Address 149 Walden St	-	^{City} West Hartf	ford		State CT	Zip Code 06107	Date Rece 05/27/2		
Principal Occupation lawyer		Name of Emp State of C				Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective		Yes X No	dependent	utor a lobbyist child of a lob 'es	byist?	Aggregate Cor	tributions \$100.00	\$100.00
Last Name LeShay	First Name Anne			MI	Cash	contribution: X Personal C / Order Credit/Det	heck 0819	bution ID #	Amount of Contribution
Residential Street Address 381 Tower Hill Rd		^{City} Chaplin			State CT	Zip Code 06235	Date Rece 05/27/2		
Principal Occupation retired		Name of Emp n/a	oloyer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective		Yes X No		utor a lobbyist child of a lob res	byist?	Aggregate Cor	tributions \$100.00	\$100.00

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		I. MONETARY I	RECEII	PTS (Secti	on A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Merrill For Secretary Of The St	Merrill For Secretary Of The State							
B. Itemized Contributions from Individuals								
Last Name Woodworth	First Name Beverly		MI	Casi	of contribution: h X Personal hey Order Credit/De	0818	ion ID #	Amount of Contribution
Residential Street Address 62 Higgins Hwy		City Mansfield Center		State CT	Zip Code 06250	Date Received 05/27/201		
Principal Occupation Receptionist		Name of Employer Windham Medical Group			Is this contribution assoc fundraising event listed i If yes, list Event #	n Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative		ntributor a lobby ndent child of a l Yes		Aggregate Contrib	outions	\$100.00
Last Name Pogmore	First Name Patricia		MI	Casi	of contribution: Personal ney Order X Credit/De	1215	ion ID #	Amount of Contribution
Residential Street Address 18 York Rd		City Chaplin		State CT	Zip Code 06235	Date Received 05/27/201		
Principal Occupation		Name of Employer			Is this contribution assoc fundraising event listed i If yes, list Event #	n Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		ontributor a lobby ndent child of a l Yes		Aggregate Contrib	outions \$50.00	\$50.00
Last Name Burnham	First Name Anne		MI	Casi	of contribution: h Personal hey Order X Credit/De	1212	ion ID #	Amount of Contribution
Residential Street Address 18 Bates Rd		^{City} Chaplin		State CT	Zip Code 06235	Date Received 05/27/201		
Principal Occupation		Name of Employer			Is this contribution assoc fundraising event listed i If yes, list Event #	n Section 11?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ontributor a lobby ndent child of a l Yes		Aggregate Contrib \$	outions	\$100.00
Last Name Jacobs	First Name Stephen		MI	Casi	of contribution: h Personal hey Order X Credit/De	1217	ion ID #	Amount of Contribution
Residential Street Address 11 Bliss Rd		City New Preston		State CT	Zip Code 06777	Date Received		
Principal Occupation		Name of Employer			Is this contribution assoc fundraising event listed i If yes, list Event #	n Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	deper	ontributor a lobby ndent child of a l Yes		Aggregate Contrib	outions \$50.00	\$50.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Ciarleglio	First Name Nancy			MI P	Method of Cash	contribution:	Theck	ution ID #	Amount of Contribution
	Huncy	i				Order Credit/De	bit Card 0807		Contribution
Residential Street Address 87 Ocean Ave		^{City} West Haven			State CT	Zip Code 06516	Date Receiv 05/28/20		
Principal Occupation retired		Name of Employer n/a			<u></u>	Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legis	X No	dependent	utor a lobbyist child of a lob res	byist?	Aggregate Contr	ibutions \$25.00	\$25.00
Last Name Rowe	First Name Valerie			MI	Cash	contribution: X Personal O Order Credit/De	Check 0810	ition ID #	Amount of Contribution
Residential Street Address 300 Central Park W Apt 29E		City New York			State NY	Zip Code 10024	Date Receiv 05/28/20		
Principal Occupation retired teacher		Name of Employer n/a			<u> </u>	Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legis	X No	dependent	utor a lobbyist child of a lob res X	byist?	Aggregate Contr	ibutions \$100.00	\$100.00
Last Name Rowe	First Name John			MI	Cash	contribution: X Personal C Order Credit/De	Check 0809	ution ID #	Amount of Contribution
Residential Street Address 300 Central Park W Apt 29E		City New York			State NY	Zip Code 10024	Date Receiv 05/28/20		
Principal Occupation Professor		Name of Employer Columbia Universi	ty			Is this contribution associ fundraising event listed in If yes, list Event #	Section 11?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legis	X No	dependent	utor a lobbyist child of a lob es	byist?	Aggregate Contr	ibutions \$100.00	\$100.00
Last Name Julian	First Name Gene			MI	Method of Cash	contribution: X Personal C Order Credit/De	Check 0811	ution ID #	Amount of Contribution
Residential Street Address 93A Tolland Ave		City Stafford			State CT	Zip Code 06076	Date Receiv		
Principal Occupation retired		Name of Employer n/a			-	Is this contribution associ fundraising event listed ir If yes, list Event #	Section J1?	Yes X No	1
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legis	X No		utor a lobbyist child of a lob res	byist?	Aggregate Contr	ibutions \$10.00	\$10.00

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		I. M	ONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE								FILING	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Nardello	First Name Vittorina			MI	Cash	contribution: X Personal C / Order Credit/Det	0820	ion ID #	Amount of Contribution
Residential Street Address 8 Laurel Ln		City Prospect			State CT	Zip Code 06712	Date Received 05/28/201		
Principal Occupation legislator/dental hygienist		Name of En city of ha	nployer artford/state of ct			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes XNo	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob /es	byist?	Aggregate Contrib	stions \$50.00	\$50.00
Last Name Leighton	First Name Mark			MI	Cash	contribution: Personal C v Order X Credit/Det	1218	ion ID #	Amount of Contribution
Residential Street Address 21 Birch View Dr		^{City} Ellington			State CT	Zip Code 06029	Date Received		
Principal Occupation		Name of En	nployer		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contrib	outions \$50.00	\$50.00
Last Name Colwell Jr	First Name Leo			MI	Cash	contribution: Personal C Order X Credit/Det	1219	ion ID #	Amount of Contribution
Residential Street Address 263 Litchfield Rd	-	^{City} Norfolk		-	State CT	Zip Code 06058	Date Received 05/30/201		
Principal Occupation		Name of En	nployer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes	byist?	Aggregate Contrib	outions \$25.00	\$25.00
Last Name Clement	First Name Roland			MI C	Cash	contribution: X Personal C y Order Credit/Deb	0821	ion ID #	Amount of Contribution
Residential Street Address 1199 Whitney Ave		^{City} Hamden			State CT	Zip Code	Date Received 05/30/201		
Principal Occupation retired		Name of En n/a	nployer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	· · ·	Executive	Yes X No		utor a lobbyist child of a lob 'es X	byist?	Aggregate Contrib	outions \$25.00	\$25.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Benedict	First Name Nancy			MI	Cash	contribution: X Personal C y Order Credit/Del	Check 0822	ition ID #	Amount of Contribution
Residential Street Address 62 Hop River Rd		^{City} Coventry			State CT	Zip Code	Date Receiv 05/30/20		
Principal Occupation retired		Name of Ei n/a	nployer			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis t child of a lob Yes X	byist?	Aggregate Contr	ibutions \$100.00	\$100.00
Last Name Weingart	First Name Helen			MI	Cash	contribution: X Personal C y Order Credit/Del	^{Theck} 0823	ition ID #	Amount of Contribution
Residential Street Address 75 Bujak Rd		^{City} Chaplin			State CT	Zip Code	Date Receiv 05/30/20		
Principal Occupation Education Consultant		Name of Er EASTCO				Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis t child of a lob Tes X	byist?	Aggregate Contr	ibutions \$50.00	\$50.00
Last Name Weingart	First Name Richard			MI G	Cash	contribution: X Personal C y Order Credit/Del	Check 0824	ition ID #	Amount of Contribution
Residential Street Address 75 Bujak Rd		^{City} Chaplin			State CT	Zip Code	Date Receiv 05/30/20		
Principal Occupation Computer Programmer		Name of Er UConn	nployer			Is this contribution associ fundraising event listed in If yes, list Event #	Section 11?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis t child of a lob Yes X	byist?	Aggregate Contr	ibutions \$50.00	\$50.00
Last Name Carey III	First Name Andrew			MI	Cash	contribution: X Personal C y Order Credit/Del	^{Theck} 0825	ntion ID #	Amount of Contribution
Residential Street Address 4 Main St		City South Wi	ndham		State CT	Zip Code	Date Receiv 05/30/20		
Principal Occupation retired - cable services		Name of Er n/a	nployer			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyis t child of a lob Yes X	byist?	Aggregate Contr	ibutions \$50.00	\$50.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILING	G DUE DATE
Merrill For Secretary Of The St	ate							
		B. Itemized Contr	ributions f	from Indivi	luals			
Last Name Blackwell	First Name Lynn		MI C	Cas	of contribution: h X Personal ney Order Credit/De	0826	ion ID #	Amount of Contribution
Residential Street Address 994 Main St		^{City} South Glastonbury		State CT	Zip Code	Date Received		
Principal Occupation Administrator		Name of Employer State of CT			Is this contribution assoc fundraising event listed i If yes, list Event #	n Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative	depe	ontributor a lobb endent child of a Yes	-	Aggregate Contrib	utions \$50.00	\$50.00
Last Name Tanasi	First Name Paul	_	MI	Cas	of contribution: h X Personal hey Order Credit/De	0827	ion ID #	Amount of Contribution
Residential Street Address 120 Dudley Rd		City Wethersfield		State CT	Zip Code 06109	Date Received 05/30/201		
Principal Occupation retired		Name of Employer n/a			Is this contribution assoc fundraising event listed i If yes, list Event #	n Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		ontributor a lobb endent child of a Yes	-	Aggregate Contrib	utions 100.00	\$100.00
Last Name Bronson	First Name James		MI	Cas	of contribution: h X Personal ney Order Credit/De	0828	ion ID #	Amount of Contribution
Residential Street Address 51 Cambridge Dr	-	City Rocky Hill	-	State CT	Zip Code 06067	Date Received 05/31/201		
Principal Occupation Product Designer		Name of Employer UTC			Is this contribution assoc fundraising event listed i If yes, list Event #	n Section 11?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	No Is co depe	ontributor a lobb endent child of a Yes		Aggregate Contrib \$	utions 100.00	\$100.00
Last Name Mielert	First Name Anita L		MI	Cas	of contribution: h X Personal ney Order Credit/De	0829	ion ID #	Amount of Contribution
Residential Street Address 57 E Weatogue St		^{City} Simsbury		State CT	Zip Code 06070	Date Received		
Principal Occupation retired		Name of Employer n/a			Is this contribution assoc fundraising event listed i If yes, list Event #	n Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	depe	ontributor a lobb endent child of a Yes	-	Aggregate Contrib	utions 100.00	\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Klein	First Name Stephen			MI	Cash	contribution: Personal C v Order X Credit/Det	1220	ion ID #	Amount of Contribution
Residential Street Address 49 Lawrence Dr		City Longmea	dow		State MA	Zip Code 01106	Date Received 05/31/201		
Principal Occupation		Name of En	nployer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes XNo	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contrib	outions	\$100.00
Last Name Schreier	First Name Barry			MI	Cash	contribution: Personal C v Order X Credit/Det	1221	ion ID #	Amount of Contribution
Residential Street Address 108 S Eagleville Rd		City Storrs			State CT	Zip Code 06268	Date Received 05/31/201		
Principal Occupation		Name of En	nployer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate Contrib \$	outions	\$100.00
Last Name Shur	First Name Charles			MI	Cash	contribution: Personal C v Order X Credit/Det	1222	ion ID #	Amount of Contribution
Residential Street Address 73 Bolduc Ln	-	^{City} Chaplin		-	State CT	Zip Code	Date Received		
Principal Occupation		Name of En	nployer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate Contrib	outions \$50.00	\$50.00
Last Name Cavanagh	First Name Kevin			MI J	Cash	contribution: Personal C v Order X Credit/Det	1223	ion ID #	Amount of Contribution
Residential Street Address 14 Greenway Rd		City New Lond	lon		State CT	Zip Code 06320	Date Received		
Principal Occupation		Name of En	nployer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes XNo	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist child of a lob Yes X	byist?	Aggregate Contrib	outions \$25.00	\$25.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILING	G DUE DATE
Merrill For Secretary Of The St	ate							
B. Itemized Contributions from Individuals								
Last Name Heinrich	First Name Debra		MI	Cash	contribution: Personal Ch / Order X Credit/Debi	1225	on ID #	Amount of Contribution
Residential Street Address 11 Beaver Pond Rd	•	City Madison		State CT	Zip Code 06443	Date Received 06/01/201		
Principal Occupation		Name of Employer			Is this contribution associat fundraising event listed in 5 If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contrib	utions 100.00	\$100.00
Last Name Lawler	First Name Michael		MI	Cash	contribution: Personal Cl v Order X Credit/Debi	1226	on ID #	Amount of Contribution
Residential Street Address 560 Silver Sands Rd # 412		City East Haven		State CT	Zip Code 06512	Date Received 06/01/201		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in t If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contrib	utions \$50.00	\$50.00
Last Name Brown	First Name Debra		MI	Cash	contribution: Personal Ch / Order X Credit/Debi	1224	on ID #	Amount of Contribution
Residential Street Address 157 Santamaria Dr		City Torrington		State CT	Zip Code 06790	Date Received		
Principal Occupation		Name of Employer		-	Is this contribution associat fundraising event listed in 5 If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate Contrib	utions \$50.00	\$50.00
Last Name Wilkinson	First Name Tyler		MI	Cash	contribution: Personal Ch v Order X Credit/Debi	1227	on ID #	Amount of Contribution
Residential Street Address 78 Greenwood Dr		City Manchester		State CT	Zip Code 06042	Date Received 06/02/201		
Principal Occupation		Name of Employer			Is this contribution associat fundraising event listed in 5 If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive		utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contrib	utions \$25.00	\$25.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name	First Name			MI	Method of	contribution:	Contribu	tion ID #	Amount of
Van Buren	Mary				Cash	/ Order X Credit/Del	1232		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	d	
71 Ninas Way		Manchest	ter		СТ	06040	06/03/203	LO	ļ
Principal Occupation		Name of Er	nployer			Is this contribution associ- fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contril	outions \$25.00	\$25.00
Last Name Mahoney	First Name Brendan			MI	Cash	contribution: X Personal C / Order Credit/Del	1230	tion ID #	Amount of Contribution
Residential Street Address		City			State	Zip Code	Date Receive	d	
160 Fairfield Ave		Hartford			СТ	06114	06/03/203	LO	-
Principal Occupation		Name of Er	nployer			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate Contril	outions \$10.00	\$10.00
Last Name	First Name			MI	Method of	contribution:	Contribu	tion ID #	Amount of
Rawn	Nancy				Cash Money	Order X Credit/Del	1236		Contribution
Residential Street Address 17 Codfish Falls Rd		City Storrs			State CT	Zip Code 06268	Date Receive		
Principal Occupation		Name of Er	nployer			Is this contribution associ fundraising event listed in If yes, list Event #	ated with a Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contril	outions \$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:	Contribu	tion ID #	Amount of
Fox	Kathleen			S	Cash Money	Order X Credit/Del	1235		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	d	
8 Orchard Ave		Branford			СТ	06405	06/03/203	LO	ļ
Principal Occupation		Name of Er	nployer			Is this contribution associ- fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of		Executive	Yes X No		utor a lobbyist child of a lob Yes	byist?	Aggregate Contril	outions \$50.00	\$50.00
government the contract is with:				1					L

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILING	G DUE DATE
Merrill For Secretary Of The St	ate							
B. Itemized Contributions from Individuals								
Last Name Norman	First Name Michael		MI	Cash	contribution: Personal Ch v Order X Credit/Debi	1233	on ID #	Amount of Contribution
Residential Street Address 275 Timrod Rd		^{City} Manchester		State CT	Zip Code 06040	Date Received 06/03/201		
Principal Occupation		Name of Employer			Is this contribution associat fundraising event listed in t If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist t child of a lob 7es	byist?	Aggregate Contrib	utions \$50.00	\$50.00
Last Name Schofield	First Name Linda		MI	Cash	contribution: Personal Cl V Order X Credit/Debi	1234	on ID #	Amount of Contribution
Residential Street Address 3 Ryan Cir		City Simsbury		State CT	Zip Code 06070	Date Received 06/03/201		
Principal Occupation		Name of Employer			Is this contribution associat fundraising event listed in t If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist t child of a lob /es X	byist?	Aggregate Contrib	utions \$50.00	\$50.00
Last Name Frenaye	First Name Tom		MI	Cash	contribution: Personal Ch v Order X Credit/Debi	1238	on ID #	Amount of Contribution
Residential Street Address 489 Warnertown Rd		^{City} West Suffield		State CT	Zip Code 06093	Date Received 06/03/201		
Principal Occupation		Name of Employer		•	Is this contribution associa fundraising event listed in 5 If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist t child of a lob Yes X	byist?	Aggregate Contrib	utions \$25.00	\$25.00
Last Name Kilgannon	First Name Michael		MI	Cash	contribution: Personal Ch v Order X Credit/Debi	1228	on ID #	Amount of Contribution
Residential Street Address 60 Fieldstone Dr		City Storrs		State CT	Zip Code 06268	Date Received 06/03/201		
Principal Occupation		Name of Employer			Is this contribution associat fundraising event listed in t If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive		utor a lobbyist t child of a lob Tes X	byist?	Aggregate Contrib	utions 100.00	\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name	First Name			MI		contribution:		tribution ID #	Amount of
Donovan	Christoph	er			Cash Money	Order X Credit/Del	122	29	Contribution
Residential Street Address		City			State	Zip Code	Date Rec		
188 Atkins Sst		Meriden			СТ	06450	06/03/	/2010	+
Principal Occupation		Name of Employer				Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislativ			utor a lobbyist child of a lob es	byist?	Aggregate Co	ontributions \$100.00	\$100.00
Last Name Van Zandt	First Name Nicole			MI	Cash	contribution: Personal C v Order X Credit/Del	Theck 123	tribution ID #	Amount of Contribution
Residential Street Address		City	-		State	Zip Code	Date Rec		
27 Cedarcrest Dr		Saratoga Springs			NY	12866	06/03/	2010	-
Principal Occupation		Name of Employer				Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislation		dependent	itor a lobbyist child of a lob es	byist?	Aggregate Co	ontributions \$25.00	\$25.00
Last Name	First Name			MI	Method of o	contribution:		tribution ID #	Amount of
Amdur	Alexander	-			Cash Money	Order X Credit/Del	123	37	Contribution
Residential Street Address		City Bethesda			State MD	Zip Code 20814	Date Rec 06/03/		
5303 Camberley Ave						Is this contribution associ			+
Principal Occupation		Name of Employer				fundraising event listed ir If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Executive Legislativ			tor a lobbyist child of a lob es	byist?	Aggregate Co	ontributions \$100.00	\$100.00
government the contract is with:	First Name			MI		contribution:	Cont	tribution ID #	
Squatrito	Tracy				Cash	V Order Credit/Del	Theck 085		Amount of Contribution
Residential Street Address 81 Steele Farm Dr		City Manchester			State CT	Zip Code 06042	Date Rec 06/04/		
						Is this contribution associ			+
Principal Occupation stay at home mom		Name of Employer n/a				fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Yes Z	_		utor a lobbyist child of a lob es	byist?	Aggregate Co	ontributions \$100.00	\$100.00
government the contract is with:		Executive Legislativ	ve		~	INU			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILI	NG DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name	First Name			MI	Method of	contribution:	Cor	ntribution ID #	Amount of
Fogarty	Gloria	-			Cash Money	/ Order Credit/Deb	08	64	Contribution
Residential Street Address		City			State	Zip Code	Date Re	eceived	
373 Old New London Rd		Salem			СТ	06420	06/04	/2010	
Principal Occupation		Name of E	mployer			Is this contribution associa fundraising event listed in		Yes	
retired social worker		n/a				If yes, list Event #	Section 31?	X No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist		Aggregate C	Contributions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob es			\$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:		ntribution ID #	Amount of
Sweeney	Lawrence	-			Cash Money	Order X Credit/Deb	12	:39	Contribution
Residential Street Address		City			State	Zip Code	Date Re	eceived	
160 Island Trl		Morris			СТ	06763	06/04	/2010	
Principal Occupation		Name of E	mployer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate C	Contributions \$25.00	\$25.00
Last Name	First Name			MI	Method of	contribution:	Cor	ntribution ID #	Amount of
Steinmetz	Shirley				Cash Money	V Order Credit/Deb	08	63	Contribution
Residential Street Address		City			State	Zip Code	Date Re	eceived	
375 Brimfield Rd		Wethers	field		СТ	06109	06/04	/2010	
Principal Occupation		Name of E	mployer		-	Is this contribution associa		Yes	
retired		n/a				fundraising event listed in If yes, list Event #	Section J1?	X No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist		Aggregate C	Contributions	7
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob es			\$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:	Cor	ntribution ID #	Amount of
Ziegra	Roberta			М	Cash Money	V Order Credit/Deb	08	65	Contribution
Residential Street Address		City			State	Zip Code	Date Re	eceived	
9 Shingle Mill Rd		Salem			СТ		06/04	/2010	_
Principal Occupation		Name of E	mployer			Is this contribution associa		Yes	
retired		n/a				fundraising event listed in If yes, list Event #	Section J1?	X No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyist child of a lob		Aggregate C	Contributions \$50.00	\$50.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y I	'es X	No		<i>420.00</i>	\$30.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	G DUE DATE
Merrill For Secretary Of The State									
B. Itemized Contributions from Individuals									
Last Name Schoonmaker	First Name Rosalyn			MI	Cash	contribution: X Personal C v Order Credit/Deb	0866	ion ID #	Amount of Contribution
Residential Street Address 95 Curt Smith Rd		^{City} Southbury			State CT	Zip Code 06488	Date Received		
Principal Occupation reading consultant		Name of Emplo retired - bri	^{yer} dgeport bd of ed		-	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes XNo	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob es	byist?	Aggregate Contrib	stions \$5.00	\$5.00
Last Name Shaw	First Name Jeff			MI	Cash	contribution: Personal C Order X Credit/Deb	1241	ion ID #	Amount of Contribution
Residential Street Address 28 Primrose Ln		_{City} Fairfield			State CT	Zip Code 06825	Date Received 06/05/201		
Principal Occupation		Name of Emplo	yer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes XNo	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob res X	byist?	Aggregate Contrib	outions \$25.00	\$25.00
Last Name Kels	First Name Jane			MI	Cash	contribution: Personal C Order X Credit/Deb	1240	ion ID #	Amount of Contribution
Residential Street Address 19 Woodland St		^{City} Hartford			State CT	Zip Code 06105	Date Received 06/05/201		
Principal Occupation		Name of Emplo	yer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes XNo	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggregate Contrib	outions	\$100.00
Last Name Cushman	First Name Robert			MI	Method of o Cash Money	contribution: Personal C v Order X Credit/Deb	1244	ion ID #	Amount of Contribution
Residential Street Address 11 Echo Ln		^{City} Simsbury			State CT	Zip Code 06070	Date Received 06/06/201		
Principal Occupation		Name of Emplo	yer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes XNo	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	· · ·	Executive	Yes X No		utor a lobbyist child of a lob es X	byist?	Aggregate Contrib	outions \$50.00	\$50.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILING	G DUE DATE
Merrill For Secretary Of The State								
B. Itemized Contributions from Individuals								
Last Name Kurland	First Name Michael		MI	Cash	contribution: Personal C y Order X Credit/Deb	1245	on ID #	Amount of Contribution
Residential Street Address 269 Wormwood Hill Rd		City Mansfield Center		State CT	Zip Code 06250	Date Received		
Principal Occupation		Name of Employer		-	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	depende	ributor a lobbyis ent child of a lob Yes	byist?	Aggregate Contrib	utions \$25.00	\$25.00
Last Name Walmsley	First Name Alix	-	MI	Cash	contribution: Personal C y Order X Credit/Deb	1247	on ID #	Amount of Contribution
Residential Street Address 13 Deep River Rd		^{City} Centerbrook		State CT	Zip Code 06049	Date Received 06/06/201		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		ributor a lobbyis ent child of a lob Yes	byist?	Aggregate Contrib	utions 100.00	\$100.00
Last Name Pellagrino	First Name Claude		MI	Cash	contribution: Personal C y Order X Credit/Deb	1243	on ID #	Amount of Contribution
Residential Street Address 74 Fullertown Rd		^{City} Hanover		State CT	Zip Code 06350	Date Received 06/06/201		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		ributor a lobbyis ent child of a lob Yes X	byist?	Aggregate Contrib	utions \$10.00	\$10.00
Last Name Harris	First Name Avraham		MI	Cash	contribution: Personal C y Order X Credit/Deb	1246	on ID #	Amount of Contribution
Residential Street Address 8 Meadow St		City Hadley		State MA	Zip Code 01035	Date Received 06/06/201		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No	depende	ributor a lobbyis ent child of a lob Yes	byist?	Aggregate Contrib	utions 100.00	\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The State									
B. Itemized Contributions from Individuals									
Last Name	First Name			MI	Method of	contribution:	Contrib	ition ID #	Amount of
Coyle	Rosemary				Cash Money	/ Order X Credit/Del	1249		Contribution
Residential Street Address City					State	Zip Code	Date Receiv	ed	
23 Deer Run Dr Colchester				СТ	06415	06/06/20	10		
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob 'es X	byist?	Aggregate Contr	ibutions \$25.00	\$25.00
Last Name Spallone	First Name James			MI	Cash	contribution: Personal C v Order X Credit/Del	Theck 1248	ution ID #	Amount of Contribution
Residential Street Address		City			State	Zip Code	Date Receiv	ed	
13 Deep River Rd		Centerbro	ook		СТ	06409	06/06/20	10	1
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate Contr	ibutions \$100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	Contrib	ution ID #	Amount of
McArdle	Christoph	er			Cash Money	Order Credit/Del	1242		Contribution
Residential Street Address		City			State	Zip Code	Date Receiv		
41 Bennetts Bridge Rd		Sandy Ho	ook		СТ	06482	06/06/20	10	1
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggregate Contr	ibutions \$10.00	\$10.00
Last Name	First Name			MI	Method of	contribution:	Contrib	ution ID #	Amount of
Riordan	Timothy	-		J	Cash Money	V Order Credit/Del	0853		Contribution
Residential Street Address		City			State	Zip Code	Date Receiv		
675 Ridge Rd		Orange			СТ	06477	06/07/20	10	ļ
Principal Occupation CPA		Name of En Greenha	^{nployer} us, Riordan & Co LLF)		Is this contribution associ fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of			Yes X No	dependent	utor a lobbyist child of a lob	byist?	Aggregate Contr	ibutions \$100.00	\$100.00
government the contract is with:		Executive	Legislative	Y LL	'es X	No			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The State									
B. Itemized Contributions from Individuals									
Last Name Riordan	First Name Susan			MI W	Cash	contribution: X Personal C v Order Credit/Del	Check 0854	tion ID #	Amount of Contribution
Residential Street Address 675 Ridge Rd	-	City Orange			State CT	Zip Code 06477	Date Receive 06/07/20		
Principal Occupation Firm Administrator		Name of En Greenha	^{nployer} us, Riordan & Co LLP)		Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contri	butions \$100.00	\$100.00
Last Name Thorpe	First Name Nancy			MI S	Cash	contribution: X Personal C v Order Credit/Del	Check 0868	tion ID #	Amount of Contribution
Residential Street Address 11 North Rd		^{City} Windham			State CT	Zip Code 06280	Date Receive 06/07/20		
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob /es X	byist?	Aggregate Contri	butions \$20.00	\$20.00
Last Name Paticchio	First Name Anthony			MI J	Cash	contribution: X Personal C v Order Credit/Del	Check 0849	tion ID #	Amount of Contribution
Residential Street Address 178 Waterfall Rd		^{City} Ashford		-	State CT	Zip Code 06278	Date Receive 06/07/20		
Principal Occupation Attorney		Name of En The Hart				Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 7es X	byist?	Aggregate Contri	butions \$50.00	\$50.00
Last Name Eastwood	First Name Susan			MI C	Method of o Cash Money	contribution: X Personal C v Order Credit/Del	Check 0850	tion ID #	Amount of Contribution
Residential Street Address 178 Waterfall Rd		City Ashford			State CT	Zip Code 06278	Date Receive 06/07/20		
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist child of a lob Yes X	byist?	Aggregate Contri	butions \$50.00	\$50.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	G DUE DATE
Merrill For Secretary Of The St	Merrill For Secretary Of The State								
B. Itemized Contributions from Individuals									
Last Name Tomchik	First Name Patricia			MI	Method of o Cash Money	contribution: X Personal C v Order Credit/Det	0860	ion ID #	Amount of Contribution
Residential Street Address 35 Farm View Rd		City Monroe			State CT	Zip Code 06468	Date Received 06/07/201		
Principal Occupation math instructor		Name of Employer self				Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes XNo	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective		res X No Legislative		utor a lobbyist child of a lob res	byist?	Aggregate Contrib	outions \$25.00	\$25.00
Last Name Esposito	First Name Kathleen			MI	Method of d Cash Money	contribution: X Personal C v Order Credit/Det	0871	ion ID #	Amount of Contribution
Residential Street Address 56 Lakeview Ave		^{City} West Haven			State CT	Zip Code 06516	Date Received 06/07/201		
Principal Occupation housewife		Name of Employer				Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes XNo	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyist child of a lob res X	byist?	Aggregate Contrib	outions	\$100.00
Last Name Evangelista	First Name Deborah			MI	Method of o X Cash Money	contribution: Personal C v Order Credit/Det	0858	ion ID #	Amount of Contribution
Residential Street Address 285 Kelsey Ave	-	^{City} West Haven		-	State CT	Zip Code 06516	Date Received		
Principal Occupation Home Health Care		Name of Employer Krista J. Dunn				Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyist child of a lob res	byist?	Aggregate Contrib	outions \$5.00	\$5.00
Last Name Canty	First Name Leo			MI	Method of o Cash Money	contribution: Personal C v Order X Credit/Det	1251	ion ID #	Amount of Contribution
Residential Street Address 27 Devin Way		City Windsor			State CT	Zip Code 06095	Date Received 06/07/201		
Principal Occupation		Name of Employer				Is this contribution association fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No Legislative		utor a lobbyist child of a lob res	byist?	Aggregate Contrib	outions	\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
	B. Itemized Contributions from Individuals								
Last Name Widlitz	First Name Gary			MI	Cash	contribution: X Personal C / Order Credit/Del	Check 084	ibution ID #	Amount of Contribution
Residential Street Address 12 Island Bay Cir		City Guilford			State CT	Zip Code 06437	Date Rece 06/07/2		
Principal Occupation Auto Dealer		Name of Er Plaza Fo				Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes X	byist?	Aggregate Cor	tributions \$100.00	\$100.00
Last Name Krummel	First Name William			MI	Cash	contribution: X Personal C / Order Credit/Del	Theck 084	ibution ID # 3	Amount of Contribution
Residential Street Address 21 Little Fox Ln		_{City} Norwalk			State CT	Zip Code 06850	Date Rece 06/07/2		
Principal Occupation retired		Name of Er n/a	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es X	byist?	Aggregate Cor	tributions \$25.00	\$25.00
Last Name LoRusso	First Name Sandra			MI	X Cash	contribution: Personal C v Order Credit/Del	Theck 085	ibution ID #	Amount of Contribution
Residential Street Address 75 Tuthill St		City West Hav	ven		State CT	Zip Code 06516	Date Rece 06/07/2		
Principal Occupation secretarial		Name of Er west hav	nployer ven bd. of ed.			Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es X	byist?	Aggregate Cor	tributions \$5.00	\$5.00
Last Name Staples	First Name Cameron			MI C	Cash	contribution: X Personal C y Order Credit/Del	Theck 084	ibution ID # 7	Amount of Contribution
Residential Street Address 233 Edwards St		^{City} New Hav	en		State CT	Zip Code 06511	Date Rece 06/07/2		
Principal Occupation Attorney		Name of Er Neubert,	nployer , Pepe & Monteith			Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyis child of a lob Yes X	byist?	Aggregate Cor	tributions \$100.00	\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILI	NG DUE DATE
Merrill For Secretary Of The St	ate								
	B. Itemized Contributions from Individuals								
Last Name	First Name			MI	Method of	contribution:		ntribution ID #	Amount of
Heft	Martin	-			Cash Money	Order X Credit/Det	12	253	Contribution
Residential Street Address		City			State	Zip Code	Date Re	eceived	
38 W Main St		Chester			СТ	06412	06/07	7/2010	
Principal Occupation		Name of Er	nployer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate C	Contributions \$25.00	\$25.00
Last Name Brenneman	First Name Russell			MI	Cash	contribution: Personal C v Order X Credit/Det	Theck 12	ntribution ID # 250	Amount of Contribution
Residential Street Address		City			State	Zip Code	Date Re	eceived	
320 Bayberry Ln		Westport	:		СТ	06880	06/07	7/2010	
Principal Occupation Name of Em			nployer			Is this contribution association fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate C	Contributions \$100.00	\$100.00
Last Name Linkkila	First Name Donna			MI M	Cash	contribution: X Personal C v Order Credit/Det	Theck 08	ntribution ID # 867	Amount of Contribution
Residential Street Address 117 S Bear Hill Rd	1	City Chaplin		1	State CT	Zip Code 06235	Date Re 06/07	eceived 7/2010	
Principal Occupation retired		Name of Er n/a	nployer		Į	Is this contribution association fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggregate C	Contributions \$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:	Cor	ntribution ID #	Amount of
Dasilva	Linda	-		В	Cash Money	V Order Credit/Deb	08	359	Contribution
Residential Street Address 157 Kohanza St		City Danbury			State CT	Zip Code 06811-4409	Date Re 06/07	eceived 7/2010	
Principal Occupation retired		Name of Er n/a	mployer		!	Is this contribution association fundraising event listed in If yes, list Event #		Yes X No	1
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist child of a lob Yes	byist?	Aggregate C	Contributions \$50.00	\$50.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILING	G DUE DATE
Merrill For Secretary Of The St	ate							
B. Itemized Contributions from Individuals								
Last Name Holmes	First Name Christi		MI	Cash	contribution: X Personal Cl / Order Credit/Deb	0846	on ID #	Amount of Contribution
Residential Street Address 274 Church St	-	City Guilford		State CT	Zip Code 06437	Date Received 06/07/201		
Principal Occupation Director of Education		Name of Employer CT State Medical Society			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		utor a lobbyist t child of a lob 7es	byist?	Aggregate Contrib	utions 100.00	\$100.00
Last Name Schrager	First Name Allison		MI	Cash	contribution: X Personal Cl / Order Credit/Debi	0869	on ID #	Amount of Contribution
Residential Street Address 23 W 76th St		City New York		State NY	Zip Code 10023	Date Received		
Principal Occupation Economist		Name of Employer Dimensional Investments			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist t child of a lob 7es X	byist?	Aggregate Contrib	utions 100.00	\$100.00
Last Name Esposito	First Name Louis		MI	Cash	contribution: X Personal Cl / Order Credit/Debi	0870	on ID #	Amount of Contribution
Residential Street Address 56 Lakeview Ave		City West Haven		State CT	Zip Code	Date Received		
Principal Occupation state rep		Name of Employer state of CT		-	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist t child of a lob Yes X	byist?	Aggregate Contrib	utions 100.00	\$100.00
Last Name Peckham	First Name Carol		MI	Cash	contribution: Personal Cl v Order X Credit/Debi	1252	on ID #	Amount of Contribution
Residential Street Address 131 Fifth Ave Apt 301		City New York		State NY	Zip Code 10003 Is this contribution associa	Date Received 06/07/201	0	
Principal Occupation		Name of Employer			fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No		utor a lobbyist t child of a lob 7es X	byist?	Aggregate Contrib	utions 100.00	\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
	B. Itemized Contributions from Individuals								
Last Name	First Name			MI		contribution:		ibution ID #	Amount of
Poller	Elyse				Cash Money	V Order Credit/De	085	2	Contribution
Residential Street Address		City			State	Zip Code	Date Rece	ived	-
27 Storrs Heights Rd		Storrs			СТ		06/07/2	2010	1
Principal Occupation Teacher		Name of Employer Town of Mansfield	BOE			Is this contribution associ fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legis	X No	dependent	utor a lobbyist child of a lob es	byist?	Aggregate Cor	tributions \$50.00	\$50.00
Last Name Carusone	First Name John			MI C	Cash	contribution: X Personal (v Order Credit/De	Check 085	ibution ID #	Amount of Contribution
Residential Street Address		City			State	Zip Code	Date Rece		
120 Daniels Rd		Hamden			СТ	06517	06/07/2	2010	-
Principal Occupation retired		Name of Employer n/a				Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legis	X No	dependent	utor a lobbyist child of a lob es X	byist?	Aggregate Cor	tributions \$100.00	\$100.00
Last Name Tiernan	First Name Lee			MI K	Cash	contribution: X Personal O Order Credit/De	Check 085	ibution ID #	Amount of Contribution
Residential Street Address 40 Lincoln St	I	City New Haven			State CT	Zip Code	Date Rece 06/07/2		-
Principal Occupation Attorney		Name of Employer City of West Have	n			Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legis	X No	dependent	utor a lobbyist child of a lob es	byist?	Aggregate Cor	tributions \$50.00	\$50.00
Last Name Brown	First Name Richard			MI D	Cash	contribution: X Personal O / Order Credit/De	Check 086	ibution ID #	Amount of Contribution
Residential Street Address 20 Utley Rd		City Hampton			State CT	Zip Code	Date Rece 06/07/2]
Principal Occupation retired		Name of Employer n/a				Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legis	X No		utor a lobbyist child of a lob es	byist?	Aggregate Cor	tributions \$100.00	\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name	First Name			MI		contribution:	Contribu	tion ID #	Amount of
Cox	Katherine				Cash Money	V Order Credit/Deb	0862		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	d	
57 W 93rd St		New York			NY	10025	06/07/203	LO	-
Principal Occupation		Name of Emp	ployer			Is this contribution associa fundraising event listed in	Section J1?	Yes	
Operations Manager		Time Inc				If yes, list Event #	[X No	
Is contributor a principal of a state contractor of state contractor?	or prospective		Yes X No		utor a lobbyist	-	Aggregate Contril	outions]
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	dependent Y	child of a lob			\$45.00	\$45.00
Last Name	First Name			MI	Method of	contribution:	Contribu	tion ID #	Amount of
Mills	Jamie				Cash	Order X Credit/Deb	1254		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	d	
1678 Randolph Rd		Middletow	n		СТ	06457	06/08/203	LO	ļ
Principal Occupation Name of Employer					Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob es X	byist?	Aggregate Contril	outions	\$100.00
Last Name	First Name			MI	Method of	contribution:	Contribu	tion ID #	Amount of
Sikes	Sara				Cash Money	V Order X Credit/Deb	1256		Contribution
Residential Street Address		City			State	Zip Code	Date Receive		
12 Old Lantern Pl		Norwalk			СТ	06851	06/09/203	LO	-
Principal Occupation		Name of Emp	bloyer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor of state contractor?	or prospective		Yes X No		utor a lobbyist child of a lob	-	Aggregate Contril	outions	1
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative					\$25.00	\$25.00
Last Name	First Name			MI		contribution:		tion ID #	Amount of
Sullivan	Kevin				Cash Money	Order X Credit/Deb	1258		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	d	
70 Timberwood Rd		West Harti	ford		СТ	06117	06/09/20:	LO	ļ
Principal Occupation		Name of Emp	bloyer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor of state contractor?	or prospective		Yes X No		utor a lobbyist child of a lob		Aggregate Contril		+++++++++++++++++++++++++++++++++++++++
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	es X	No		5100.00	\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Merrill For Secretary Of The St	ate								
	B. Itemized Contributions from Individuals								
Last Name Douglas	First Name Heidi		MI	Cash	contribution: Personal C y Order X Credit/Deb	1255	on ID #	Amount of Contribution	
Residential Street Address 66 Neptune Dr		City Groton		State CT	Zip Code 06340	Date Received 06/09/201			
Principal Occupation		Name of Employer		-	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	depen	ntributor a lobbyis dent child of a lob Yes X	byist?	Aggregate Contrib	utions 100.00	\$100.00	
Last Name English	First Name Kate		MI	Cash	contribution: Personal C y Order X Credit/Deb	1257	on ID #	Amount of Contribution	
Residential Street Address 15 Clearview Ave		City Mansfield Center		State CT	Zip Code 06250	Date Received 06/09/201			
Principal Occupation Name of Employer				•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		ntributor a lobbyis dent child of a lob Yes X	byist?	Aggregate Contrib	utions \$50.00	\$50.00	
Last Name Hershinson	First Name Pamela		MI	Cash	contribution: Personal C y Order X Credit/Deb	1259	on ID #	Amount of Contribution	
Residential Street Address 3 Orchard Ln		City West Hartford		State CT	Zip Code 06117	Date Received 06/09/201			
Principal Occupation		Name of Employer		·	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		ntributor a lobbyis dent child of a lob Yes X	byist?	Aggregate Contrib	utions \$25.00	\$25.00	
Last Name Rossomando	First Name Raymond		MI	Cash	contribution: Personal C y Order X Credit/Deb	1261	on ID #	Amount of Contribution	
Residential Street Address 207 Warrenton Ave		City West Hartford		State CT	Zip Code 06119	Date Received 06/10/201			
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No	depen	ntributor a lobbyis dent child of a lob Yes X	byist?	Aggregate Contrib	utions \$25.00	\$25.00	

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Clew	First Name Carole			MI	Cash	contribution: X Personal C v Order Credit/Deb	Theck 0834	oution ID #	Amount of Contribution
Residential Street Address 904 Old Saybrook Rd		City Haddam			State CT	Zip Code 06438	Date Recei		
Principal Occupation writer/editor/translator		Name of Emplo	byer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggregate Con	tributions \$50.00	\$50.00
Last Name DeRenzo	First Name Patricia	-		MI	Cash	contribution: Personal C Order X Credit/Det	Theck 1260	oution ID #	Amount of Contribution
Residential Street Address 35 Overlook Dr		^{City} Wallingford			State CT	Zip Code 06492	Date Recei 06/10/2		
Principal Occupation		Name of Emplo	oyer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggregate Con	tributions \$10.00	\$10.00
Last Name Donahue	First Name Kevin			MI	Cash	contribution: Personal C v Order X Credit/Det	heck 1262	oution ID #	Amount of Contribution
Residential Street Address 17 Windham Green Rd	-	^{City} Windham			State CT	Zip Code 06280	Date Recei 06/10/2		
Principal Occupation		Name of Emplo	oyer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggregate Con	tributions \$25.00	\$25.00
Last Name Bombaci	First Name Mark			MI	Cash	contribution: X Personal C v Order Credit/Deb	Check 0838	oution ID #	Amount of Contribution
Residential Street Address 80 Bokum Rd		City Essex			State CT	Zip Code 06426	Date Recei 06/10/2		
Principal Occupation real estate		Name of Emplo	oyer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective		Yes X No		utor a lobbyist child of a lob res X	byist?	Aggregate Con	tributions \$35.00	\$35.00

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	I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE									FILING	DUE DATE
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name	First Name			MI	Method of	contribution:	-	Contribution	ID#	Amount of
Sivel Jr	Richard			F	Cash	V Order Credit/Deb		0843		Contribution
Residential Street Address		City			State	Zip Code	Date	Received		
133 Milton St		West Ha	rtford		СТ	06119	06/1	10/2010		
Principal Occupation		Name of Er				Is this contribution associa fundraising event listed in			Yes	
Online Publication Coordinator		Council	4 AFSCME			If yes, list Event #	Section 91.	x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist		Aggregate	e Contributio	ons	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob Tes			\$2	25.00	\$25.00
Last Name	First Name			MI		contribution:		Contribution	ID #	Amount of
Doolittle	Theodore				Cash Money	Order X Credit/Deb	1	1263		Contribution
Residential Street Address		City			State	Zip Code	Date	Received		
84 Walden St		West Ha	rtford		СТ	06107	06/1	10/2010		
Principal Occupation		Name of Er	mployer			Is this contribution associa fundraising event listed in If yes, list Event #		x	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob res X	byist?	Aggregate	e Contributio \$10	ons)0.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contribution	ID #	Amount of
Sauer	Claire	-			Cash Money	V Order Credit/Deb	0	0839		Contribution
Residential Street Address		City			State	Zip Code	Date	Received		
47 Mitchell Hl		Lyme			СТ	06371	06/1	10/2010		
Principal Occupation		Name of E	mployer			Is this contribution associa fundraising event listed in If yes, list Event #		×	Yes No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyist		Aggregate	e Contributio	ons	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob es			\$5	50.00	\$50.00
Last Name	First Name			MI		contribution:		Contribution	ID#	Amount of
Miller	Len				Cash Money	/ Order Credit/Deb		0832		Contribution
Residential Street Address		City			State	Zip Code		Received		
8 Kings Ln		Essex			СТ	06426		10/2010		
Principal Occupation retired		Name of Ei n/a	mployer			Is this contribution associa fundraising event listed in If yes, list Event #		×	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	•	Yes X No	dependent	utor a lobbyist child of a lob	byist?	Aggregate	e Contributio \$10	ons)0.00	\$100.00
government the contract is with:		Executive	Legislative	Y L	'es X	No				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Cummings	First Name Theodore		N T	MI F	Method of a Cash Money	contribution: X Personal C Order Credit/Del	Theck 0842	oution ID #	Amount of Contribution
Residential Street Address 170 James Rd	•	City Ashford	-		State CT	Zip Code 06278	Date Rece 06/10/2		
Principal Occupation Insurance/Risk Management		Name of Employer Cummings Insurance Ag	gency			Is this contribution association fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative			ttor a lobbyist child of a lob es X	byist?	Aggregate Con	tributions \$50.00	\$50.00
Last Name Howard	First Name George		Ν	MI	Method of C X Cash Money	Personal C	Check 0830	oution ID #	Amount of Contribution
Residential Street Address 140 Essex St		City Deep River			State CT	Zip Code	Date Rece 06/10/2		
Principal Occupation		Name of Employer				Is this contribution association fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive			ttor a lobbyist child of a lob es X	byist?	Aggregate Con	tributions \$25.00	\$25.00
Last Name Howard	First Name Susan		Ν	MI	Method of Cash Money	contribution: Personal C Order Credit/Del	Theck 0831	oution ID #	Amount of Contribution
Residential Street Address 140 Essex St		City Deep River			State CT	Zip Code	Date Rece 06/10/2		
Principal Occupation editor		Name of Employer				Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive			ttor a lobbyist child of a lob es	byist?	Aggregate Cor	tributions \$25.00	\$25.00
Last Name Harron	First Name Peter		Ν	MI	Method of a Cash Money	X Personal C	Check 0833	oution ID #	Amount of Contribution
Residential Street Address 21 River Rd		City Essex			State CT	Zip Code 06426	Date Rece 06/10/2		
Principal Occupation photographer		Name of Employer				Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X N Executive Legislative			ttor a lobbyist child of a lob es X	byist?	Aggregate Con	tributions \$50.00	\$50.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name	First Name			MI	Method of	contribution:	Contr	ibution ID #	Amount of
Archambault	Thomas	-		D	Cash Money	y Order Credit/Del	083	5	Contribution
Residential Street Address		City			State	Zip Code	Date Rece	ived	
8 N Main St		Chester			СТ	06412	06/10/2	2010	
Principal Occupation		Name of E	mployer			Is this contribution association fundraising event listed in		Yes	
Insurance Agent		Archaml	oault Insurance Inc	-		If yes, list Event #		X No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggregate Cor	ntributions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		t child of a lob Tes			\$50.00	\$50.00
Last Name	First Name			MI		contribution:		ibution ID #	Amount of
Archambault	Kathleen			L	Cash Money	y Order Credit/Del	083	5	Contribution
Residential Street Address		City			State	Zip Code	Date Rece		
8 N Main St		Chester			СТ		06/10/2	2010	_
Principal Occupation		Name of E	mployer			Is this contribution associ- fundraising event listed in		Yes	
retired		n/a				If yes, list Event #	beenon yr	X No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis	-	Aggregate Co	tributions	1
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		t child of a lob Yes			\$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:	Contr	ibution ID #	Amount of
Bombaci	Josephine	-		0	Cash Money	V Order Credit/Del	083	7	Contribution
Residential Street Address		City			State	Zip Code	Date Rece	ived	
80 Bokum Rd		Essex			СТ		06/10/2	2010	
Principal Occupation		Name of E	mployer			Is this contribution associ- fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggregate Cor	tributions	1
state contractor? Is yes, indicate which branch or branches of			_		child of a lob			\$35.00	\$35.00
government the contract is with:		Executive	Legislative		Yes X	No			1
Last Name	First Name			MI		contribution:		ibution ID #	Amount of
Bennet	Midge			В	Cash Money	y Order Credit/Del	084	0	Contribution
Residential Street Address		City			State	Zip Code	Date Rece		
28 Selden		Lyme			СТ	06371	06/10/2	2010	4
Principal Occupation		Name of E	mployer			Is this contribution association fundraising event listed in		Yes	
retired		n/a				If yes, list Event #		X No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggregate Co	tributions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	dependent	t child of a lob Yes			\$75.00	\$75.00
government the contract is with:		LACCUUVE				110	I		

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Bennet	First Name Douglas			MI J	Cash	contribution: X Personal C / Order Credit/Deb	0841	ion ID #	Amount of Contribution
Residential Street Address 28 Selden Rd	•	^{City} Lyme		•	State CT	Zip Code 06371	Date Received 06/10/201		
Principal Occupation retired		Name of Emplo n/a	vyer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes XNo	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob es X	byist?	Aggregate Contrib	outions \$75.00	\$75.00
Last Name Birkenruth	First Name David			MI	Cash	contribution: X Personal C / Order Credit/Deb	0844	ion ID #	Amount of Contribution
Residential Street Address 244 Cider Brook Rd		^{City} Avon			State CT	Zip Code	Date Received 06/10/201		
Principal Occupation investor		Name of Emplo	oyer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob res X	byist?	Aggregate Contrib	outions \$75.00	\$75.00
Last Name Lawrence	First Name Fleur			MI	Cash	contribution: X Personal C / Order Credit/Deb	0907	ion ID #	Amount of Contribution
Residential Street Address 3 Johnny Cake Hill Rd		^{City} Old Lyme			State CT	Zip Code	Date Received 06/11/201		
Principal Occupation retired		Name of Emplo n/a	iyer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes XNo	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggregate Contrit	outions	\$100.00
Last Name Lawrence	First Name Gerard			MI J	Method of d Cash Money	contribution: X Personal C v Order Credit/Deb	0908	ion ID #	Amount of Contribution
Residential Street Address 3 Johnny Cake Hill Rd		City Old Lyme			State CT	Zip Code	Date Received 06/11/201		
Principal Occupation physician		Name of Emplo self	oyer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist child of a lob res	byist?	Aggregate Contrit \$	outions	\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name	First Name		MI		contribution:	Contribut	on ID #	Amount of	
Esty	Daniel		С	Cash Money	y Order Credit/Deb	0906		Contribution	
Residential Street Address		City		State PR	Zip Code 06410	Date Received 06/11/201			
213 Preston Ter Principal Occupation		Cheshire Name of Employer		PK	Is this contribution associa		-		
professor		Yale University			fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		outor a lobbyist t child of a lob Yes	byist?	Aggregate Contrib	utions 100.00	\$100.00	
Last Name Frank	First Name Harry		MI	Cash	contribution: X Personal C y Order Credit/Deb	0909	on ID #	Amount of Contribution	
Residential Street Address 33 Atwoodville Rd		City Mansfield Center		State CT	Zip Code 06250	Date Received 06/11/201			
Principal Occupation Professor		Name of Employer UConn			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	outor a lobbyist t child of a lob i cs X	byist?	Aggregate Contrib	utions 100.00	\$100.00	
Last Name Breck	First Name William		MI D	Cash	contribution: X Personal C y Order Credit/Deb	0911	on ID #	Amount of Contribution	
Residential Street Address 44 Beckwith Rd		City Killingworth		State CT	Zip Code 06419	Date Received 06/11/201			
Principal Occupation retired		Name of Employer n/a			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	outor a lobbyist t child of a lob Yes X	byist?	Aggregate Contrib	utions \$75.00	\$75.00	
Last Name Zanardi	First Name Peter		MI	Cash	contribution: X Personal C y Order Credit/Deb	0913	on ID #	Amount of Contribution	
Residential Street Address 24 Goose Hill Rd	ı	City Chester		State CT	Zip Code	Date Received 06/11/201			
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No		outor a lobbyist t child of a lob í es X	byist?	Aggregate Contrib	utions \$25.00	\$25.00	

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	G DUE DATE
Merrill For Secretary Of The State									
B. Itemized Contributions from Individuals									
Last Name	First Name			MI	Method of	contribution:	Contribut	ion ID #	Amount of
Kruk	Pauline			А	Cash Money	V Order Credit/Del	0914		Contribution
Residential Street Address		City			State	Zip Code	Date Received	1	
165 Walsh Ave		Newingto	n		СТ		06/11/201	0	
Principal Occupation		Name of Er State of			-	Is this contribution associ fundraising event listed in	Section J1?	Yes	
medical librarian		State of				If yes, list Event #		K No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyist child of a lob		Aggregate Contrib	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y III	_			\$10.00	\$10.00
Last Name	First Name			MI	Method of	contribution:	Contribut	ion ID #	Amount of
Gerratana	Theresa				Cash Money	V Order Credit/Del	0904		Contribution
Residential Street Address		City			State	Zip Code	Date Received	1	
674 Lincoln St		New Brita	ain		СТ	06052	06/11/201	0	
Principal Occupation		Name of Er	nployer			Is this contribution associ- fundraising event listed in		Yes	
retired		n/a				If yes, list Event #		< No	
Is contributor a principal of a state contractor	or prospective	1	Yes X No		utor a lobbyis		Aggregate Contrib	utions	İ
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob res		\$	100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	Contribut	ion ID #	Amount of
Hutchinson	Alica			м	Cash Money	V Order Credit/Del	0912		Contribution
Residential Street Address		City			State	Zip Code	Date Received	1	
153 Rockwell Rd		Bethel			СТ	06801	06/11/201	0	
Principal Occupation		Name of Er	nployer			Is this contribution associ- fundraising event listed in	Section J1?	Yes	
						If yes, list Event #		< No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggregate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob es			\$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:	Contribut	ion ID #	Amount of
Tomasi	Mary				Cash Money	V Order Credit/Del	0910		Contribution
Residential Street Address		City			State	Zip Code	Date Received	1	
18 Diane Ln		Colcheste	er		СТ	06415	06/11/201	0	l
Principal Occupation		Name of Er	nployer			Is this contribution association		Yes	
retired teacher		n/a				fundraising event listed in If yes, list Event #		< No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist		Aggregate Contrib	utions	1
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	dependent	child of a lob res			\$10.00	\$10.00
government the contract is with:		Executive				110			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	G DUE DATE
Merrill For Secretary Of The State									
B. Itemized Contributions from Individuals									
Last Name	First Name			MI		contribution:	Contribut	tion ID #	Amount of
Ruel	Debra			С	Cash Money	V Order Credit/Det	0905		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	d]
38 Enrico Rd		Bolton			СТ	06043	06/11/201	LO	-
Principal Occupation attorney		Name of En	nployer Guinan P.C.			Is this contribution associa fundraising event listed in	Section J1?	Yes	
		Nome n		-		If yes, list Event #	L	X No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyist child of a lob		Aggregate Contrib		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y T			4	5100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	Contribut	tion ID #	Amount of
Greenfield	Stewart				Cash Money	Order X Credit/Det	1264		Contribution
Residential Street Address		City			State	Zip Code	Date Receive	d	
279 Sturges Hwy		Westport			СТ		06/11/201	LO	ļ
Principal Occupation		Name of En	nployer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate Contril	outions	\$100.00
Last Name	First Name			MI	Method of	contribution:	Contribut	tion ID #	Amount of
Vincent	Karen	-			Cash Money	/ Order X Credit/Det	1265		Contribution
Residential Street Address		City			State	Zip Code	Date Receive		
4 Brunswick Ave		Moosup			СТ	06354	06/11/201	LO	+
Principal Occupation		Name of En	nployer			Is this contribution association fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyist child of a lob		Aggregate Contril	outions	Ī
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res X			\$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:	Contribut	tion ID #	Amount of
Crump	Penny				Cash Money	Order X Credit/Det	1267		Contribution
Residential Street Address	•	City		-	State	Zip Code	Date Receive	d	1
99 Olive St		New Have	en		СТ	06511	06/12/201	LO	ļ
Principal Occupation		Name of En	nployer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor?	or prospective	1	Yes X No		utor a lobbyist child of a lob	byist?	Aggregate Contril	outions \$25.00	\$25.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	П ү	res X	No			<i>\</i> 23.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Merrill For Secretary Of The State									
B. Itemized Contributions from Individuals									
Last Name Heimer	First Name Win		MI	Cash	contribution: Personal Cl v Order X Credit/Deb	1266	on ID #	Amount of Contribution	
Residential Street Address 799 Prospect Ave # A2		City West Hartford		State CT	Zip Code 06105	Date Received 06/12/201			
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist t child of a lob /es	byist?	Aggregate Contrib	utions \$10.00	\$10.00	
Last Name Mackay	First Name Marilyn		MI	Cash	contribution: Personal Cl v Order X Credit/Debi	1268	on ID #	Amount of Contribution	
Residential Street Address 92 Wyassup Lake Rd		City North Stonington		State CT	Zip Code 06359	Date Received 06/12/201			
Principal Occupation		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist t child of a lob /es X	byist?	Aggregate Contrib	utions \$50.00	\$50.00	
Last Name Shah	First Name Atul		MI	Cash	contribution: Personal Cl v Order X Credit/Debt	1269	on ID #	Amount of Contribution	
Residential Street Address 15 Beacon Hill Dr		City Waterford		State CT	Zip Code 06385	Date Received 06/13/201			
Principal Occupation		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist t child of a lob Yes X	byist?	Aggregate Contrib	utions \$25.00	\$25.00	
Last Name Howe	First Name William		MI	Cash	contribution: Personal Cl v Order X Credit/Debi	1270	on ID #	Amount of Contribution	
Residential Street Address 49 Crestdale Rd		City Glastonbury		State CT	Zip Code 06033	Date Received 06/13/201			
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		utor a lobbyist t child of a lob Tes X	byist?	Aggregate Contrib	utions \$50.00	\$50.00	

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Merrill For Secretary Of The State									
B. Itemized Contributions from Individuals									
Last Name Flaherty	First Name Patrick		MI J	Cash	contribution: X Personal Cl v Order Credit/Debi	0944	ion ID #	Amount of Contribution	
Residential Street Address 745 Merrow Rd Unit 137		City Coventry		State CT	Zip Code 06238	Date Received 06/14/201			
Principal Occupation Economist		Name of Employer CT Dept of Labor			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggregate Contrib	utions 100.00	\$100.00	
Last Name Putterman	First Name Bruce		MI	Cash	contribution: Personal Ch / Order X Credit/Debi	1272	ion ID #	Amount of Contribution	
Residential Street Address 57 Pioneer Dr		City West Hartford		State CT	Zip Code 06117	Date Received 06/14/201			
Principal Occupation		Name of Employer			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob 'es	byist?	Aggregate Contrib	utions \$25.00	\$25.00	
Last Name Kantor	First Name Robert		MI	Cash	contribution: Personal Ch v Order X Credit/Debi	1273	ion ID #	Amount of Contribution	
Residential Street Address 20 Arnoldale Rd		City West Hartford		State CT	Zip Code 06119	Date Received 06/14/201			
Principal Occupation		Name of Employer			Is this contribution associat fundraising event listed in S If yes, list Event #	Section 112	Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		utor a lobbyist child of a lob 'es	byist?	Aggregate Contrib	utions \$50.00	\$50.00	
Last Name barrett	First Name John		MI J	Cash	contribution: X Personal Ch y Order Credit/Debi	0892	ion ID #	Amount of Contribution	
Residential Street Address 12 Dresden Ct E		City Goshen		State CT	Zip Code 06756	Date Received 06/14/201			
Principal Occupation retired M.D.		Name of Employer n/a			Is this contribution associat fundraising event listed in S If yes, list Event #	Section 11?	Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		utor a lobbyist child of a lob res	byist?	Aggregate Contrib	utions \$50.00	\$50.00	

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	NG DUE DATE
Merrill For Secretary Of The State									
		B. Item	ized Contributio	ons from	Individu	ials			
Last Name	First Name			MI	Method of o	contribution:		ntribution ID #	Amount of
Douglas	Robert			С	Cash Money	V Order Credit/Deb	08	78	Contribution
Residential Street Address		City			State	Zip Code	Date Re	eceived	
34 Carmelo Rd		Bristol			СТ	06010	06/14	/2010	_
Principal Occupation		Name of Emplo				Is this contribution associa fundraising event listed in		Yes	
press secretary		CT Legislatı	ure			If yes, list Event #	Section 31:	X No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist		Aggregate C	Contributions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	dependent Y	child of a lob			\$50.00	\$50.00
Last Name	First Name			MI	Method of o	contribution:		ntribution ID #	Amount of
Rose	Kim	-			Cash Money	V Order Credit/Deb	09	39	Contribution
Residential Street Address		City			State	Zip Code	Date Re		
292 Naugatuck Ave		Milford			СТ	06460	06/14	/2010	
Principal Occupation		Name of Emplo				Is this contribution associa fundraising event listed in		Yes	
admin		city of bridg	jeport			If yes, list Event #	Section 71.	X No	
Is contributor a principal of a state contractor	or prospective	C	Yes X No		utor a lobbyist		Aggregate C	Contributions	1
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob			\$10.00	\$10.00
Last Name	First Name			MI	Method of o	contribution:	Con	ntribution ID #	Amount of
Kennedy	Mary			E	Cash	V Order Credit/Deb	heck 08		Contribution
Residential Street Address		City			State	Zip Code	Date Re	eceived	
175 Ferry Rd # 4		Old Saybroo	ik		СТ	06475	06/14	/2010	
Principal Occupation		Name of Emplo				Is this contribution associa fundraising event listed in		Yes	
APRN		Walio Jaziri	MD			If yes, list Event #	Section 31?	X No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist		Aggregate C	Contributions	1
state contractor? Is yes, indicate which branch or branches of		Г	1		child of a lob			\$25.00	\$25.00
government the contract is with:		Executive	Legislative		1				
Last Name Kelly	First Name Marie			MI	Cash	contribution:	heck	ntribution ID #	Amount of Contribution
		•			Money	/ Order Credit/Deb	oit Card 08	93	
Residential Street Address		City			State	Zip Code	Date Re		
3 Howd Ave		Branford			СТ	06405	06/14	/2010	4
Principal Occupation		Name of Emplo	oyer			Is this contribution associa fundraising event listed in		Yes	
retired		n.a				If yes, list Event #		X No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist		Aggregate C	Contributions	7
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	dependent	child of a lob			\$50.00	\$50.00
government the contract is with:		Executive	Legislative						

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Merrill For Secretary Of The State									
		B. Itemized Contrib	outions fro	m Individı	ials				
Last Name Kelly	First Name Dennis		мі G	Method of Cash	contribution:	Contribut	ion ID #	Amount of Contribution	
,		1		Money	y Order Credit/Deb	it Card 0894			
Residential Street Address 3 Howd Ave		City Branford		State CT	Zip Code 06405	Date Received 06/14/201			
Principal Occupation retired		Name of Employer n/a		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	depende	ibutor a lobbyis nt child of a lob Yes	byist?	Aggregate Contrib	utions \$25.00	\$25.00	
Last Name Mahler	First Name Stuart		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	0887	ion ID #	Amount of Contribution	
Residential Street Address 12 Plainfield Rd		City West Hartford		State CT	Zip Code 06117	Date Received 06/14/201			
Principal Occupation retired - reservist		Name of Employer retired - FEMA/DHS		-	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		ibutor a lobbyis nt child of a lob Yes	byist?	Aggregate Contrib	utions \$15.00	\$15.00	
Last Name Reynolds	First Name Trina		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	0891	ion ID #	Amount of Contribution	
Residential Street Address 47 Bittersweet Dr	•	City Gales Ferry	•	State CT	Zip Code 06335	Date Received 06/14/201			
Principal Occupation HR Director		Name of Employer Pfizer		-	Is this contribution associa fundraising event listed in If yes, list Event #	Section 11?	Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	depende	ibutor a lobbyis nt child of a lob Yes X	byist?	Aggregate Contrib	utions 100.00	\$100.00	
Last Name Wilson	First Name Katherine		MI T	Cash	contribution: X Personal Cl y Order Credit/Deb	0873	ion ID #	Amount of Contribution	
Residential Street Address 54 Brainard Rd		City West Hartford		State CT	Zip Code 06117	Date Received 06/14/201			
Principal Occupation homemaker		Name of Employer n/a		-	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	depende	ibutor a lobbyis nt child of a lob Yes	byist?	Aggregate Contrib	utions \$20.00	\$20.00	

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Merrill For Secretary Of The State										
B. Itemized Contributions from Individuals										
Last Name	First Name		MI		contribution:	Contribut	ion ID #	Amount of		
Tannenbaum	Susan		Н	Cash Money	y Order Credit/Debi	0874		Contribution		
Residential Street Address		City		State	Zip Code	Date Received				
54 Brainard Rd		West Hartford		СТ	06117	06/14/201	.0	ł		
Principal Occupation Physician		Name of Employer UConn Health Center			Is this contribution associat fundraising event listed in a If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyis t child of a lob Yes X	byist?	Aggregate Contrib	utions \$20.00	\$20.00		
Last Name Orange	First Name Linda		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	0941	ion ID #	Amount of Contribution		
Residential Street Address 52 Standish Rd	-	State CT	Zip Code 06415	Date Received						
Principal Occupation Name of Employer Is this contribution						ted with a	Yes			
state representative state of ct					fundraising event listed in a If yes, list Event #	Section J1?	K No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyis t child of a lob Yes X	byist?	Aggregate Contrib	utions \$30.00	\$30.00		
Last Name	First Name		MI	Method of	contribution:	Contribut	ion ID #	Amount of		
Tyszka	William			Cash Money	y Order Credit/Debi	0885		Contribution		
Residential Street Address 12 Briarwood Dr		City Simsbury		State CT	Zip Code 06070	Date Received 06/14/201				
Principal Occupation		Name of Employer		!	Is this contribution associat		Yes	1		
retired		n/a			fundraising event listed in a If yes, list Event #	Section J1?	K No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyis t child of a lob (es X	byist?	Aggregate Contrib	utions \$50.00	\$50.00		
Last Name	First Name		MI	Method of	contribution:	Contribut	ion ID #	Amount of		
Albrecht	Richard		w	Cash	y Order Personal Ch Credit/Debi	neck 0898	1011 112 #	Amount of Contribution		
Residential Street Address 86 Cow Hill Rd		City Killingworth		State CT	Zip Code 06419	Date Received 06/14/201				
Principal Occupation		Name of Employer		I	Is this contribution associat	ted with a	Yes	1		
process server		self			fundraising event listed in If yes, list Event #	Section J1?	No No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		dependent	utor a lobbyis t child of a lob	byist?	Aggregate Contrib	utions \$50.00	\$50.00		
government the contract is with:		Executive Legislative	1	Yes X	No					

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Merrill For Secretary Of The State										
B. Itemized Contributions from Individuals										
Last Name Riley	First Name Emmett		MI	X Cash	contribution: Personal Ch y Order Credit/Debi	0886	ion ID #	Amount of Contribution		
Residential Street Address 150 Yantic St # 160	I	City Norwich	1	State CT	Zip Code 06360	Date Received 06/14/201				
Principal Occupation Director of Development		Name of Employer SCADD			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggregate Contrib	utions 100.00	\$100.00		
Last Name Richman	First Name Howard		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	0879	ion ID #	Amount of Contribution		
Residential Street Address City 387 Round Hill Rd Greenwich				State CT	Zip Code 06831	Date Received 06/14/201				
Principal Occupation Name of Employer Executve American Diabetes Assoc.					Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyis t child of a lob Tes X	byist?	Aggregate Contrib	utions \$50.00	\$50.00		
Last Name Daniels	First Name Jeffrey		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	0876	ion ID #	Amount of Contribution		
Residential Street Address 102 Arundel Ave	-	City West Hartford	-	State CT	Zip Code 06107	Date Received 06/14/201				
Principal Occupation	Name of Employer			Is this contribution associat fundraising event listed in S If yes, list Event #	Section 11?	Yes				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyis t child of a lob Yes X	byist?	Aggregate Contrib	utions \$25.00	\$25.00		
Last Name Lambert	First Name Alice		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	0936	ion ID #	Amount of Contribution		
Residential Street Address 21 Sunset Beach Rd		City Branford		State CT	Zip Code 06405	Date Received 06/14/201				
Principal Occupation		Name of Employer		•	Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No		utor a lobbyis t child of a lob Yes X	byist?	Aggregate Contrib	utions \$25.00	\$25.00		

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Merrill For Secretary Of The State										
B. Itemized Contributions from Individuals										
Last Name	First Name		MI	Method of	contribution:	Contribut	ion ID #	Amount of		
Brown	Malcolm			Cash Money	V Order Credit/Debi	0903		Contribution		
Residential Street Address		City		State	Zip Code	Date Received	1			
62 Upper Main St		Sharon		СТ	06069	06/14/201	.0	ļ		
Principal Occupation		Name of Employer			Is this contribution associat fundraising event listed in		Yes			
retired physician & selectman		n/a			If yes, list Event #		K No			
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyist		Aggregate Contrib	utions			
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	Y Y	child of a lob es			\$15.00	\$15.00		
Last Name	First Name		MI		contribution:	Contribut	ion ID #	Amount of		
Carbray	Richard		Т	Cash Money	X Personal Ch y Order Credit/Debi	0943		Contribution		
Residential Street Address		City		State	Zip Code	Date Received				
18 Foxbriar Ln		Rocky Hill		СТ	06067	06/14/201	0	-		
Principal Occupation Name of Employer					Is this contribution associat fundraising event listed in		Yes			
Pharmacist Apex Pharmacy					If yes, list Event #		K No			
Is contributor a principal of a state contractor or prospective V_{Yes} X_{No} Is contributor a lobbyist, spouse, or Aggregate Contribution					utions	Ī				
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		child of a lob res	-	\$	100.00	\$100.00		
Last Name	First Name		MI	Method of	contribution:	Contribut	ion ID #	Amount of		
Caron	Suzanne		E	Cash Money	y Order	neck 0875		Contribution		
Residential Street Address		City		State	Zip Code	Date Received	1]		
10 Bear Ridge Dr		Bloomfield		СТ	06002	06/14/201	0	ļ		
Principal Occupation		Name of Employer			Is this contribution associat fundraising event listed in		Yes			
attorney		Caron & Parris, LLC			If yes, list Event #		K No			
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyist		Aggregate Contrib	outions]		
state contractor? Is yes, indicate which branch or branches of	П	Executive Legislative		child of a lob es		\$	100.00	\$100.00		
government the contract is with:	First Name		MI	r	contribution:	Contribut	ion ID #			
Rovero	Judith		ĸ	Cash	y Order Credit/Debi	neck 0880	ion ID #	Amount of Contribution		
Residential Street Address		City	1	State	Zip Code	Date Received	1	1		
181 Laurel Point Rd		Dayville		СТ	06241	06/14/201	0]		
Principal Occupation		Name of Employer		•	Is this contribution associat		Yes]		
retired		n/a			fundraising event listed in S If yes, list Event #	Section J1?	K No			
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggregate Contrib	outions	1		
state contractor? Is yes, indicate which branch or branches of		Executive Legislative	dependent	child of a lob res		\$	100.00	\$100.00		
government the contract is with:		Executive Legislative		·· ·	110					

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILIN	G DUE DATE	
Merrill For Secretary Of The State										
B. Itemized Contributions from Individuals										
Last Name	First Name			MI	Method of	contribution:	Contr	ibution ID #	Amount of	
Rovero	Daniel			S	Cash Money	/ Order Credit/Deb	088	1	Contribution	
Residential Street Address		City			State	Zip Code	Date Rece	ived		
181 Laurel Point Rd		Dayville			СТ	06241	06/14/2	2010	1	
Principal Occupation		Name of E	mployer			Is this contribution associa fundraising event listed in		Yes		
retired		n/a				If yes, list Event #		X No		
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist		Aggregate Cor	ntributions		
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob Tes			\$100.00	\$100.00	
Last Name	First Name			MI		contribution:		ibution ID #	Amount of	
Ortengren	Michael			L	Cash Money	V Order Credit/Deb	093	7	Contribution	
Residential Street Address		City			State	Zip Code	Date Rece			
102 Cortland Way North Granby CT 06060 06/14/2							2010	4		
fundraising even						Is this contribution associa fundraising event listed in		Yes		
Sales						If yes, list Event #	beenon yr	X No		
Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or Aggregate Contribut						tributions	1			
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob es			\$30.00	\$30.00	
Last Name	First Name			MI	Method of	contribution:	Contr	ibution ID #		
Phelan	Clare				Cash	V Order Credit/Deb	heck 093		Amount of Contribution	
Residential Street Address		City			State	Zip Code	Date Rece	ived	1	
7 Grove St		Milford			СТ		06/14/2	2010		
Principal Occupation		Name of E	mployer		•	Is this contribution associa		Yes		
retired		n/a				fundraising event listed in If yes, list Event #	Section J1?	X No		
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggregate Cor	tributions	1	
state contractor? Is yes, indicate which branch or branches of					child of a lob			\$10.00	\$10.00	
government the contract is with:		Executive	Legislative		res X		<u> </u>			
Last Name Coddington	First Name Lila			MI	Method of Cash	contribution:	heck	ibution ID #	Amount of	
	LIId					Order Credit/Deb	094)	Contribution	
Residential Street Address		City			State	Zip Code	Date Rece			
103 Stonington		Middlebu	ry		СТ	06762	06/14/2	2010	1	
Principal Occupation		Name of E	mployer			Is this contribution associa fundraising event listed in		Yes		
program director		CCSU				If yes, list Event #	Section J1:	X No		
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist		Aggregate Co	tributions]	
state contractor? Is yes, indicate which branch or branches of		Engent	Legislative	dependent	child of a lob es			\$25.00	\$25.00	
government the contract is with:		Executive	Legislative		es 🔼	INO				

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Merrill For Secretary Of The State										
B. Itemized Contributions from Individuals										
Last Name Burnham	First Name Paul		MI H	Method of Cash	contribution:	Contribut	ion ID #	Amount of Contribution		
	1 441	1			y Order Credit/Debi	0872		Contribution		
Residential Street Address 239 Thunder Lake Rd		City Wilton		State CT	Zip Code	Date Received 06/14/201				
Principal Occupation attorney		Name of Employer Rucci Burnham Carta & Care	lo LLP		Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		utor a lobbyis child of a lob 'es	byist?	Aggregate Contrib	utions \$10.00	\$10.00		
Last Name Lucibello	First Name Mario		MI V	Cash	contribution: X Personal Cl y Order Credit/Debi	0877	ion ID #	Amount of Contribution		
Residential Street Address 455 Ocean Ave		City West Haven		State CT	Zip Code 06516	Date Received 06/14/201				
Principal Occupation Name of Employer Accountant Greenhaus Riordan & Co LLP				ł	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyis child of a lob 'es X	byist?	Aggregate Contrib	utions 100.00	\$100.00		
Last Name Hurvitz	First Name Henry		MI B	Cash	contribution: X Personal Cl y Order Credit/Debi	0882	ion ID #	Amount of Contribution		
Residential Street Address 25 Vanderbilt Rd		City West Hartford		State CT	Zip Code	Date Received 06/14/201				
Principal Occupation attorney		Name of Employer self		I	Is this contribution associa fundraising event listed in If yes, list Event #	Section 11?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative	dependent	utor a lobbyis child of a lob 'es	byist?	Aggregate Contrib	utions 100.00	\$100.00		
Last Name Dec	First Name Thomas		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	0883	ion ID #	Amount of Contribution		
Residential Street Address 177 Pipes Hill Rd		City Wilton		State CT	Zip Code 06897	Date Received 06/14/201				
Principal Occupation student		Name of Employer n/a		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	1		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No		utor a lobbyis child of a lob 'es	byist?	Aggregate Contrib	utions \$5.00	\$5.00		

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILI	NG DUE DATE	
Merrill For Secretary Of The State										
B. Itemized Contributions from Individuals										
Last Name	First Name			MI	Method of	contribution:		ntribution ID #	Amount of	
Wyden	Elaine				Cash Money	V Order Credit/Deb	80	384	Contribution	
Residential Street Address		City			State	Zip Code	Date R	eceived		
238 Newtown Tpke		Redding			СТ		06/14	4/2010		
Principal Occupation		Name of Emp	loyer			Is this contribution associa fundraising event listed in		Yes		
retired		n/a				If yes, list Event #	Section J1?	X No		
Is contributor a principal of a state contractor	or prospective	. [Yes X No		utor a lobbyis		Aggregate 0	Contributions		
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob res			\$25.00	\$25.00	
Last Name	First Name			MI	Method of	contribution:	Co	ntribution ID #	Amount of	
Mack	Diane				Cash Money	V Order Credit/Deb	80	388	Contribution	
Residential Street Address		City			State	Zip Code	Date Re	eceived		
10 Duncaster Rd Bloomfield CT 06002						06002	06/14	4/2010		
Principal Occupation Name of Employer						Is this contribution associa		Yes		
retired n/a						fundraising event listed in If yes, list Event #	Section J1?	X No		
Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse,						Aggregate 0	Contributions			
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob res			\$50.00	\$50.00	
Last Name	First Name			MI	Method of	contribution:	Co	ntribution ID #	Amount of	
Paterson	Elizabeth				Cash Money	V Order Credit/Deb	80	395	Contribution	
Residential Street Address		City			State	Zip Code	Date Re	eceived		
79 Independence Dr		Mansfield C	Center		СТ		06/14	4/2010		
Principal Occupation		Name of Emp	loyer			Is this contribution associa		Yes		
retired-UConn		n/a				fundraising event listed in If yes, list Event #	Section J1?	X No		
Is contributor a principal of a state contractor	or prospective	. [Yes X No		utor a lobbyis		Aggregate 0	Contributions		
state contractor? Is yes, indicate which branch or branches of		п. (Г	Legislative		child of a lob es			\$100.00	\$100.00	
government the contract is with:		Executive	Legislative		r		1			
Last Name Nol	First Name Josephine			MI	Method of Cash	contribution:	heck	ntribution ID #	Amount of Contribution	
						Order Credit/Deb	08	396	Contribution	
Residential Street Address		City			State	Zip Code	Date Re	eceived		
59 Woodchuck Rd		West Sims	bury		СТ	06092	06/14	4/2010	_	
Principal Occupation		Name of Emp	loyer			Is this contribution associa		Yes		
social worker		self				fundraising event listed in If yes, list Event #	Section 31?	X No		
Is contributor a principal of a state contractor	or prospective	[Yes X No		utor a lobbyis		Aggregate 0	Contributions		
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	dependent	child of a lob res			\$100.00	\$100.00	
government the contract is with:		Executive	Legislative		cs 🔼	1NU				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Humphries	First Name Nancy			MI A	Cash	contribution: X Personal C v Order Credit/Del	Theck 089	ibution ID # 7	Amount of Contribution
Residential Street Address 59 Woodchuck Hill Rd		^{City} West Simsbury			State CT	Zip Code	Date Rece 06/14/2		
Principal Occupation Social Work Professor		Name of Employer UConn School of Social	Work			Is this contribution associ fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative			itor a lobbyist child of a lob es X	byist?	Aggregate Co	ntributions \$100.00	\$100.00
Last Name Besmer	First Name Francis			MI R	Method of o Cash Money	contribution: X Personal C v Order Credit/Del	Theck 089	ibution ID # 9	Amount of Contribution
Residential Street Address 233 Fuller Mountain Rd		City Kent			State CT	Zip Code	Date Rece 06/14/2		
Principal Occupation homemaker		Name of Employer n/a				Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative			ttor a lobbyist child of a lob es	byist?	Aggregate Cor	ntributions \$50.00	\$50.00
Last Name Ludwig	First Name Patricia		1	MI	Method of o Cash Money	contribution: X Personal C v Order Credit/Del	Theck 090	ibution ID # D	Amount of Contribution
Residential Street Address 46 Wolf Neck Rd		City Stonington			State CT	Zip Code 06378	Date Rece 06/14/2		
Principal Occupation P.T		Name of Employer WASC				Is this contribution associ fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative			itor a lobbyist child of a lob es	byist?	Aggregate Co	ntributions \$25.00	\$25.00
Last Name Fournier Jr	First Name Arthur		1	MI	Cash	contribution: X Personal C v Order Credit/Del	Theck 090	ibution ID # 1	Amount of Contribution
Residential Street Address 16 Country Ln		^{City} Collinsville			State CT	Zip Code 06019	Date Rece 06/14/2		
Principal Occupation retired patent attorney		Name of Employer n/a				Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative			itor a lobbyist child of a lob es X	byist?	Aggregate Cor	ntributions \$50.00	\$50.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Wilhelms	First Name Edward			MI	Cash	contribution: X Personal C / Order Credit/Deb	heck 0902	oution ID #	Amount of Contribution
Residential Street Address 109 Nehantic Tral		_{City} Old Sayb	rook		State CT	Zip Code 06475	Date Recei 06/14/2		
Principal Occupation actor/director		Name of Er n/a	nployer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggregate Con	ributions \$25.00	\$25.00
Last Name Wolfson	First Name Steven			MI	Cash	contribution: Personal C Order X Credit/Det	heck 1271	oution ID #	Amount of Contribution
Residential Street Address 1 Moose Hill Rd		^{City} Guilford			State CT	Zip Code 06436	Date Recei 06/14/2		
Principal Occupation Name of Employer						Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es	byist?	Aggregate Con	ributions \$100.00	\$100.00
Last Name Parker	First Name David			MI	Cash	contribution: Personal C v Order X Credit/Deb	heck 1274	oution ID #	Amount of Contribution
Residential Street Address 80 N Main St # 5-B2		City Kent			State CT	Zip Code 06757	Date Recei		
Principal Occupation		Name of Er	nployer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es	byist?	Aggregate Con	ributions \$25.00	\$25.00
Last Name Arsenault	First Name Michele			MI	Cash	contribution: X Personal C / Order Credit/Deb	heck 0915	oution ID #	Amount of Contribution
Residential Street Address 185 A Fitchville Rd		^{City} Bozrah			State CT	Zip Code	Date Recei 06/15/2		
Principal Occupation accountant		Name of Er state of				Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist child of a lob Yes X	byist?	Aggregate Con	ributions \$20.00	\$20.00

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name DiDonato	First Name John		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	0916	ion ID #	Amount of Contribution		
Residential Street Address 56 Brookview Cir		^{City} Manchester		State CT	Zip Code	Date Received 06/15/201				
Principal Occupation Sales		Name of Employer Carla's Pasta			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyis child of a lob res	byist?	Aggregate Contrib	utions \$20.00	\$20.00		
Last Name Mips	First Name Anita		MI M	Cash	contribution: X Personal Cl y Order Credit/Debi	0918	ion ID #	Amount of Contribution		
Residential Street Address 14 Dudley Town Rd		City Windsor		State CT	Zip Code	Date Received 06/15/201				
Principal Occupation Name of Employer registrar of voters/retired Bd of E town of windsor					Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyis child of a lob 'es	byist?	Aggregate Contrib	utions \$5.00	\$5.00		
Last Name Alper	First Name Neil		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	1275	ion ID #	Amount of Contribution		
Residential Street Address 42 Briggs St		^{City} Easthampton		State MA	Zip Code 01027	Date Received 06/15/201				
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section 11?	Yes			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		utor a lobbyis child of a lob 'es	byist?	Aggregate Contrib	utions \$50.00	\$50.00		
Last Name Vertefeuille	First Name Albert		MI B	Cash	contribution: X Personal Cl y Order Credit/Debi	0919	ion ID #	Amount of Contribution		
Residential Street Address 172 Bogg Ln		City Lebanon		State CT	Zip Code 06249	Date Received 06/15/201				
Principal Occupation retired		Name of Employer n/a			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		utor a lobbyis child of a lob 'es	byist?	Aggregate Contrib	utions \$25.00	\$25.00		

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Vertefeuille	First Name Judith			MI	Cash	contribution: V Order	Check 0920	tion ID #	Amount of Contribution
Residential Street Address 172 Bogg Ln		^{City} Lebanon			State CT	Zip Code 06249	Date Receive 06/15/20		
Principal Occupation retired		Name of Emp n/a	ployer			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contri	butions \$25.00	\$25.00
Last Name Wilkinson	First Name David			MI S	Cash	contribution: X Personal G y Order Credit/De	Check 0917	tion ID #	Amount of Contribution
Residential Street Address 1783 Tuttle Ave		^{City} Cheshire			State CT	Zip Code 06410	Date Receive 06/15/20		
Principal Occupation Name of Employer retired n/a						Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate Contri	butions \$25.00	\$25.00
Last Name Pohl	First Name Michael			MI E	Cash	contribution: V Order	Check 0967	tion ID #	Amount of Contribution
Residential Street Address 157 Brookfield St		^{City} Mancheste	er		State CT	Zip Code 06040	Date Receive 06/16/20		
Principal Occupation Teacher		Name of Emp Mancheste	^{ployer} er Bd of Ed			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate Contri	butions \$25.00	\$25.00
Last Name Rossi	First Name Barbara-A	Inn		MI	Cash	contribution: V Order	Check 0951	tion ID #	Amount of Contribution
Residential Street Address 21 Jerry Rd		City East Hartfo	ord	-	State CT	Zip Code 06118	Date Receive 06/16/20		
Principal Occupation Name of Employer retired n/a					Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:			Yes X No		utor a lobbyist child of a lob Yes X	byist?	Aggregate Contri	butions \$25.00	\$25.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name tarbox	First Name Barbara			MI	Cash	contribution:	heck 093	tribution ID #	Amount of Contribution
Residential Street Address		City			State	Zip Code	Date Rec		-
74 Algonquin Dr Principal Occupation retired		Mystic Name of Employ n/a	yer		СТ	06355 Is this contribution associ fundraising event listed in		2010 Yes X No	-
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob es X	byist?	Aggregate Co		\$25.00
Last Name Currey	First Name Donald			MI M	Cash	contribution: X Personal C v Order Credit/Del	Theck 096	tribution ID #	Amount of Contribution
Residential Street Address 14 Martin Cir		City East Hartford	d		State CT	Zip Code 06118	Date Rec 06/16/		
Principal Occupation Name of Employer principal HR specialist/labor relat state of CT						Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	Is contributor a lobbyist, spouse, or Aggregate Co dependent child of a lobbyist? Yes X No			ontributions \$100.00	\$100.00	
Last Name Currey	First Name Melody			MI A	Cash	contribution: X Personal C v Order Credit/Del	heck 095	tribution ID #	Amount of Contribution
Residential Street Address 14 Martin Cir		City East Hartford	d		State CT	Zip Code 06118	Date Rec 06/16/		
Principal Occupation mayor		Name of Employ town of east				Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyist child of a lob res X	byist?	Aggregate Co	ontributions \$50.00	\$50.00
Last Name Ricker	First Name Mary Ann			MI	Cash	contribution: X Personal C v Order Credit/Del	heck 094	tribution ID #	Amount of Contribution
Residential Street Address 421A Wyassup Rd		City North Stonin	gton		State CT	Zip Code 06359	Date Rec 06/16/]
Principal Occupation retired teacher		Name of Employ	yer			Is this contribution associ fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective		Yes X No		utor a lobbyist child of a lob res	byist?	Aggregate Co	ontributions \$10.00	\$10.00

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name Ricker	First Name William		MI	Cash	contribution:	0948	ion ID #	Amount of Contribution		
Residential Street Address 421A Wyassup Rd		City North Stonington		State CT	y Order Credit/Deb Zip Code 06359	Date Received				
Principal Occupation retired social worker		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	ted with a Section J1?	Yes			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	deper	ntributor a lobbyis ndent child of a lob Yes X	byist?	Aggregate Contrib	utions \$15.00	\$15.00		
Last Name toomey	First Name John		MI B	Cash	contribution: X Personal C y Order Credit/Deb	0972	ion ID #	Amount of Contribution		
Residential Street Address 45 Hebron Rd		City Bolton		State CT	Zip Code 06043	Date Received 06/16/201				
Principal Occupation Name of Employer Associate Research Analyst State of CT Dol				ł	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		Is contributor a lobbyist, spouse, or Aggregate Condependent child of a lobbyist?			utions \$50.00	\$50.00		
Last Name Christ	First Name SHelley		МІ	Cash	contribution: X Personal C y Order Credit/Deb	0961	ion ID #	Amount of Contribution		
Residential Street Address 66 Temple Dr		City East Hartford		State CT	Zip Code 06108	Date Received 06/16/201				
Principal Occupation nurse		Name of Employer key services			Is this contribution associa fundraising event listed in If yes, list Event #	Section 11?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		ntributor a lobbyis ndent child of a lob Yes	byist?	Aggregate Contrib	utions \$50.00	\$50.00		
Last Name Lescoe	First Name John		MI J	Cash	contribution: X Personal C y Order Credit/Deb	0928	ion ID #	Amount of Contribution		
Residential Street Address 33 Hewitt St		City Willimantic		State CT	Zip Code 06226	Date Received 06/16/201				
Principal Occupation retired		Name of Employer n/a			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	deper	ntributor a lobbyis ndent child of a lob Yes X	byist?	Aggregate Contrib	utions \$50.00	\$50.00		

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Dunbar-Rose	First Name Shirley Ar	n	MI	I	Method of c Cash Money	ontribution: X Personal C Order Credit/Deb	heck 093	tribution ID #	Amount of Contribution
Residential Street Address 75 Baker Ave		City Groton			State CT	Zip Code 06340	Date Rec 06/16/		
Principal Occupation retired		Name of Employer n/a		-		Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative			tor a lobbyist child of a lobl es X	byist?	Aggregate Co	ontributions \$25.00	\$25.00
Last Name Hughes	First Name Mary Alice	2	MI	I	Method of c Cash Money	contribution: X Personal C Order Credit/Deb	heck 095	tribution ID #	Amount of Contribution
Residential Street Address City 37 Greene Ter East Hartford					State CT	Zip Code 06108	Date Rec 06/16/		
Principal Occupation Name of Employer legislative aide state of CT				·		Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive			tor a lobbyist child of a lobl es X	byist?	Aggregate Co	ontributions \$25.00	\$25.00
Last Name Carlson	First Name Joseph		MI R		Method of c Cash Money	contribution: X Personal C Order Credit/Deb	heck 095	ribution ID #	Amount of Contribution
Residential Street Address 1392 Silver Ln		City East Hartford			State CT	Zip Code 06118	Date Rec 06/16/		
Principal Occupation		Name of Employer				Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive			tor a lobbyist child of a lobl es X	oyist?	Aggregate Co	ontributions \$25.00	\$25.00
Last Name McCreery	First Name Ellen		MI M		Method of c Cash Money	X Personal C	heck 096	tribution ID #	Amount of Contribution
Residential Street Address 39 Greene Ter		City East Hartford			State CT	Zip Code 06108	Date Rec 06/16/		
Principal Occupation accountant		Name of Employer city of hartford				Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive			tor a lobbyist child of a lobl es X	byist?	Aggregate Co	ontributions \$20.00	\$20.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Dumaine	First Name David			MI M	Cash	contribution: X Personal C / Order Credit/De	Check 0966	oution ID #	Amount of Contribution
Residential Street Address 86 Tracy Dr		^{City} Manchest	er		State CT	Zip Code 06042	Date Recei 06/16/2		
Principal Occupation Administrator		Name of En State of			-	Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Cont	ributions \$50.00	\$50.00
Last Name Genga	First Name Henry			MI	Cash	contribution: X Personal C / Order Credit/De	Check 0954	oution ID #	Amount of Contribution
Residential Street Address City 5 Elaine Dr East Hartford					State CT	Zip Code 06118	Date Recei 06/16/2		
Principal Occupation Name of Employer state representative state of CT						Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Cont	ributions \$100.00	\$100.00
Last Name Pakulis	First Name Bettye Jo			MI	Cash	contribution: X Personal C / Order Credit/De	Check 0922	oution ID #	Amount of Contribution
Residential Street Address 146 Virginia Ln		^{City} Tolland			State CT	Zip Code 06084	Date Recei 06/16/2		
Principal Occupation EA		Name of En state of (Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate Cont	ributions \$100.00	\$100.00
Last Name Byrnes	First Name Margaret			MI A	Cash	contribution: V Order	Check 0973	oution ID #	Amount of Contribution
Residential Street Address 57 Garvan St		^{City} East Hart	ford		State CT	Zip Code 06108	Date Recei 06/16/2		
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist child of a lob Yes X	byist?	Aggregate Cont	ributions \$100.00	\$100.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILING	G DUE DATE
Merrill For Secretary Of The St	ate							
B. Itemized Contributions from Individuals								
Last Name Byrnes	First Name Patricia		MI L	Method of Cash	contribution:	eck 0974	ion ID #	Amount of Contribution
		1		Money	/ Order Credit/Debit	t Card		
Residential Street Address 57 Garvan St		City East Hartford		State CT	Zip Code 06108	Date Received 06/16/201		
Principal Occupation medical transcriptionist		Name of Employer St Francis hospital		•	Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contrib	utions \$50.00	\$50.00
Last Name Roy	First Name Richard		MI	Cash	contribution: X Personal Ch / Order Credit/Debit	0889	ion ID #	Amount of Contribution
Residential Street Address 43 Howe St		City Milford		State CT	Zip Code 06460	Date Received 06/16/201		
Principal Occupation Name of Employer legislator state of CT				<u> </u>	Is this contribution associat fundraising event listed in S If yes, list Event #	ed with a Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contrib	utions 100.00	\$100.00
Last Name Bronner	First Name Felix		MI	Cash	contribution: X Personal Ch / Order Credit/Debit	0929	ion ID #	Amount of Contribution
Residential Street Address 33 Ferncliff Dr		City West Hartford		State CT	Zip Code 06117	Date Received 06/16/201		
Principal Occupation retired professor		Name of Employer n/a			Is this contribution associat fundraising event listed in S If yes, list Event #	Section 11?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate Contrib	utions \$25.00	\$25.00
Last Name Rifkin	First Name Howard		MI	Cash	contribution: Personal Ch v Order X Credit/Debit	1278	ion ID #	Amount of Contribution
Residential Street Address 144 Sunny Reach Dr		City West Hartford		State CT	Zip Code 06117	Date Received 06/16/201		
Principal Occupation		Name of Employer		ł	Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes	+
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No		utor a lobbyist child of a lob 'es X	byist?	Aggregate Contrib	utions 100.00	\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
		B. Iter	mized Contributi	ons from	ı Individu	ials		•	
Last Name Aberasturia	First Name Ram			MI	Cash	contribution: X Personal C / Order Credit/Det	heck 096	ibution ID #	Amount of Contribution
Residential Street Address 36 Eric Way		City East Hartfo	ord		State CT	Zip Code 06108	Date Rece 06/16/2		
Principal Occupation regional job center director		Name of Emp state of C	-			Is this contribution association fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggregate Cor	tributions \$100.00	\$100.00
Last Name Kayser	First Name Anthony			MI F	Cash	contribution: X Personal C / Order Credit/Det	heck 096	ibution ID # 3	Amount of Contribution
Residential Street Address 23 Dartmouth Dr		City East Hartfo	ord		State CT	Zip Code 06108	Date Rece 06/16/2		
Principal Occupation Name of Employer retired n/a					Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob res X	byist?	Aggregate Cor	tributions \$25.00	\$25.00
Last Name Casella	First Name Charles			MI	Cash	contribution: X Personal C / Order Credit/Det	heck 095	ibution ID #	Amount of Contribution
Residential Street Address 22 Brookline Dr		City East Hartfo	ord		State CT	Zip Code 06108	Date Rece 06/16/2		
Principal Occupation retired		Name of Emp n/a	oloyer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective		Yes X No	dependent	utor a lobbyist child of a lob 'es	byist?	Aggregate Cor	tributions \$25.00	\$25.00
Last Name manfredi	First Name Frank	-		MI	Cash	contribution: X Personal C / Order Credit/Det	heck 092	ibution ID # L	Amount of Contribution
Residential Street Address 94 Plain Hill Rd		City Norwich			State CT	Zip Code 06360	Date Rece 06/16/2		
Principal Occupation attorney		Name of Emp self	oloyer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:			Yes X No		utor a lobbyist child of a lob Yes X	byist?	Aggregate Cor	tributions \$100.00	\$100.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILING	G DUE DATE
Merrill For Secretary Of The St	ate							
		B. Itemized Contributi	ions fron	ı Individu	ials			
Last Name	First Name		MI	Method of	contribution:	Contribut	ion ID #	Amount of
Мау	Albert			Cash	V Order X Credit/Debi	1279		Contribution
Residential Street Address		City		State	Zip Code	Date Received	1	
111 Spring Garden St		Hamden		СТ	06517	06/16/201	0	
Principal Occupation		Name of Employer			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contrib	utions \$20.00	\$20.00
Last Name Duarte	First Name Anthony		MI	Cash	contribution: X Personal Ch / Order Credit/Debi	0962	ion ID #	Amount of Contribution
Residential Street Address	-	City		State	Zip Code	Date Received	1	
210 Brook St		South Windsor		СТ	06074	06/16/201	.0	
Principal Occupation Name of Employer Investigator State of CT - Div. of Crim. Just.			ust.		Is this contribution associat fundraising event listed in 5 If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob Yes	byist?	Aggregate Contrib	utions \$50.00	\$50.00
Last Name Knybel	First Name Stephanie	2	МІ	Cash	contribution: X Personal Ch / Order Credit/Debi	0970	ion ID #	Amount of Contribution
Residential Street Address 138 Bobby Ln		City Manchester	1	State CT	Zip Code 06040	Date Received 06/16/201		
Principal Occupation Realtor		Name of Employer C-21 Classic Homes			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate Contrib	utions \$25.00	\$25.00
Last Name	First Name		MI	Method of	contribution:	Contribut	ion ID #	Amount of
Lea	Joseph			Cash Money	/ Order X Credit/Debi	1277		Contribution
Residential Street Address City				State	Zip Code	Date Received		
109 Grandview St		Manchester		СТ	06040 Is this contribution associat	06/16/201		+
Principal Occupation		Name of Employer			fundraising event listed in S If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No		utor a lobbyist child of a lob 'es X	byist?	Aggregate Contrib	utions 100.00	\$100.00
ge . statisticate contract is with.								ı

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Claire	First Name Jane			МІ	X Cash	contribution: Personal C Order Credit/De	Check 0958	ution ID #	Amount of Contribution
Residential Street Address 446 Main St	I	^{City} East Hartford			State CT	Zip Code 06118	Date Receiv 06/16/20		
Principal Occupation		Name of Employe	r		<u> </u>	Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative		utor a lobbyist child of a lob es X	byist?	Aggregate Contr	ibutions \$5.00	\$5.00
Last Name Bergren	First Name Pamela			MI G	Cash	contribution: X Personal C v Order Credit/De	Check 0952	ution ID #	Amount of Contribution
Residential Street Address 43 Zimmer Rd	-	^{City} East Hartford			State CT	Zip Code 06118	Date Receiv 06/16/20		
Principal Occupation Name of Employer						Is this contribution associ fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob es X	byist?	Aggregate Contr	ibutions \$25.00	\$25.00
Last Name Currey	First Name Jeffrey			MI A	X Cash	contribution: Personal C Order Credit/De	Check 0968	ution ID #	Amount of Contribution
Residential Street Address 50 McKee St		City East Hartford			State CT	Zip Code 06108	Date Receiv 06/16/20		
Principal Occupation legal assistant		Name of Employer Nevins and Ne				Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggregate Contr	ibutions \$20.00	\$20.00
Last Name Webb	First Name Jeanne			MI	Cash	contribution: X Personal C v Order Credit/De	Check 0949	ution ID #	Amount of Contribution
Residential Street Address 255 Hebron Rd		City Bolton			State CT	Zip Code 06043	Date Receiv 06/16/20		ļ
Principal Occupation govt employee		Name of Employe Town of East				Is this contribution associ fundraising event listed ir If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist child of a lob res	byist?	Aggregate Contr	ibutions \$25.00	\$25.00

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILIN	G DUE DATE	
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name Salperto	First Name Rocco			MI	Cash	contribution: X Personal C / Order Credit/Det	heck 0934	oution ID #	Amount of Contribution	
Residential Street Address 323 Orange Center Rd		City Orange			State CT	Zip Code 06477	Date Recei 06/16/2			
Principal Occupation publisher		Name of E self	mployer		-	Is this contribution association fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate Con	ributions \$100.00	\$100.00	
Last Name Dauphin	First Name Bill	-		MI	Cash	contribution: X Personal C / Order Credit/Det	heck 0923	oution ID #	Amount of Contribution	
Residential Street Address 11 Olive Ln		City Vernon			State CT	Zip Code 06060	Date Recei 06/16/2			
Principal Occupation Name of Employer Technical Writer Pratt & Whitney						Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Con	ributions \$50.00	\$50.00	
Last Name Mancini	First Name Carl			MI R	Cash	contribution: X Personal C / Order Credit/Det	heck 0924	oution ID #	Amount of Contribution	
Residential Street Address 74 Regency Hill Dr		City Watertov	vn	-	State CT	Zip Code 06795	Date Recei 06/16/2			
Principal Occupation Name of Employer retired n/a					•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes	byist?	Aggregate Con	ributions \$50.00	\$50.00	
Last Name Krasne	First Name Betty			MI	Cash	contribution: X Personal C / Order Credit/Det	heck 0925	oution ID #	Amount of Contribution	
Residential Street Address PO Box 43		City Kent			State CT	Zip Code 06757	Date Recei 06/16/2			
Principal Occupation Name of Employer					•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob Yes X	byist?	Aggregate Con	ributions \$50.00	\$50.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FIL	ING DUE DATE	
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name	First Name			MI		contribution:		ontribution ID #	7 tinount of	
Douglas	Priscilla				Cash Money	y Order Personal C Credit/Del	09	926	Contribution	
Residential Street Address		City			State	Zip Code	Date Ro	eceived		
23851 Costa Del Sol # 202		Bonita Sp	prings		FL	34135	06/16	6/2010		
Principal Occupation		Name of Er				Is this contribution association fundraising event listed in		Yes		
prof. emeritus		UConn-r	etired			If yes, list Event #	Section 71.	X No		
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggregate 0	Contributions		
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob Yes			\$50.0	0 \$50.00	
Last Name	First Name			MI	Method of	contribution:		ontribution ID #	Amount of	
Dibble	Robert			F	Cash	V Order Credit/Del	09	927	Contribution	
Residential Street Address		City			State	Zip Code	Date Re	eceived		
154 Hammond Hill Rd		Hampton	1		СТ	06247	06/16	6/2010		
Principal Occupation		Name of Er	mployer			Is this contribution association fundraising event listed in		Yes		
physician self						If yes, list Event #	Section 51	X No		
Is contributor a principal of a state contractor or prospective					utor a lobbyis	-	Aggregate 0	Contributions	7	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob es			\$100.0	0 \$100.00	
government the contract is with:	First Name			MI		contribution:		ontribution ID #		
Rose	David			P	Cash	V Personal C y Order Credit/Del	Theck 09	930	Amount of Contribution	
Residential Street Address		City			State	Zip Code	Date Re	eceived		
75 Baker Ave		Groton			СТ		06/16	6/2010		
Principal Occupation		Name of Er	1 ,			Is this contribution association fundraising event listed in		Yes		
regstrar of voters		Town of	Groton/State of CT			If yes, list Event #	Section J1?	X No		
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggregate 0	Contributions		
state contractor? Is yes, indicate which branch or branches of		E d			child of a lob es			\$25.0	0 \$25.00	
government the contract is with:		Executive	Legislative		ı –		<u> </u>			
Last Name Breakstone	First Name Nancy			MI	Method of Cash	contribution:	heck	ontribution ID #	Amount of Contribution	
	,				Money	y Order Credit/Del	oit Card	935		
Residential Street Address		City			State	Zip Code		eceived		
100 Oakland St		Bristol			СТ			6/2010	_	
Principal Occupation		Name of Er	^{mployer} 'omen's Health Corp			Is this contribution associ- fundraising event listed in		Yes		
physician			omen s neatti corp			If yes, list Event #		X No		
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggregate (Contributions		
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	dependent	child of a lob es			\$50.0	0 \$50.00	
government the contract is with:		Executive				110	1			

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILIN	G DUE DATE	
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name	First Name			MI	Method of	contribution:		bution ID #	Amount of	
Toor	John			w	Cash	V Order Credit/Deb	0942	2	Contribution	
Residential Street Address	-	City			State	Zip Code	Date Rece	ived	1	
1159 Lincoln Ave		Palo Alto			CA		06/16/2	2010	1	
Principal Occupation		Name of Em	nployer			Is this contribution associa fundraising event listed in		Yes		
retired		n/a				If yes, list Event #	Section 51	X No		
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist		Aggregate Cor	tributions	1	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob Yes			\$50.00	\$50.00	
Last Name	First Name			MI	Method of	contribution:		bution ID #	Amount of	
Wichman	David				Cash Money	V Order Credit/Deb	0945	5	Contribution	
Residential Street Address		City			State	Zip Code	Date Rece	ived		
205 Homestead St # B-7	205 Homestead St # B-7 Manchester					CT 06/16/			1	
Principal Occupation Name of Employer						Is this contribution associa fundraising event listed in		Yes		
attorney self						If yes, list Event #	Section 51	X No		
			Yes X No		utor a lobbyist		Aggregate Cor	tributions	1	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob es			\$10.00	\$10.00	
Last Name	First Name			MI	Method of	contribution:	Contri	bution ID #	Amount of	
Wall	Anne				Cash Money	V Order Credit/Deb	0946	5	Contribution	
Residential Street Address		City			State	Zip Code	Date Rece	ived		
6 Marguerite Ave		Bloomfiel	d		СТ	06002	06/16/2	2010	1	
Principal Occupation		Name of Em	1 5			Is this contribution associa fundraising event listed in		Yes		
registrar of voters		town of E	Bloomfield			If yes, list Event #	beenon 51	X No		
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist		Aggregate Cor	tributions	1	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		child of a lob es			\$25.00	\$25.00	
government the contract is with:	First Name	Executive	Legislative		ı –	contribution:				
Driscoll	Eileen			P	Cash	V Order Credit/Deb	heck 0953	bution ID # 3	Amount of Contribution	
Residential Street Address		City			State	Zip Code	Date Rece	ived	1	
672 Forest St East Hartford				СТ	r	06/16/2				
Principal Occupation		Name of Err	nployer		•	Is this contribution associa		Yes	1	
clerical			east hartford			fundraising event listed in If yes, list Event #	Section J1?	X No		
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyist		Aggregate Cor	tributions	1	
state contractor? Is yes, indicate which branch or branches of		Eventing	Legislative	dependent	child of a lob es			\$50.00	\$50.00	
government the contract is with:		Executive	Legislative		es 🔼	INO				

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILIN	G DUE DATE	
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name Hartman	First Name Janet			MI	Cash	contribution: X Personal C / Order Credit/Del	^{Theck} 0957	oution ID #	Amount of Contribution	
Residential Street Address 446 Main St Apt 105		City East Hartf	ord		State CT	Zip Code	Date Recei 06/16/2]	
Principal Occupation retired		Name of Em	ployer			Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggregate Con	ributions \$25.00	\$25.00	
Last Name Benettieri	First Name Frank			MI	Cash	contribution: X Personal C / Order Credit/Del	^{Theck} 0964	oution ID #	Amount of Contribution	
Residential Street Address 119 Main St					State CT	Zip Code 06118	Date Recei 06/16/2			
Principal Occupation Name of Employer						Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate Con	ributions \$50.00	\$50.00	
Last Name Williams	First Name Michael			MI A	Cash	contribution: X Personal C / Order Credit/Del	^{Theck} 0971	oution ID #	Amount of Contribution	
Residential Street Address PO Box 762		^{City} Ellington			State CT	Zip Code 06029	Date Recei 06/16/2			
Principal Occupation Name of Employer pharmacist					Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es	byist?	Aggregate Con	ributions \$50.00	\$50.00	
Last Name Morrissey	First Name Timothy			MI	Cash	contribution: X Personal C v Order Credit/Del	^{Theck} 0932	oution ID #	Amount of Contribution	
Residential Street Address 100 South St		City Vernon			State CT	Zip Code 06066	Date Recei			
Principal Occupation fire officer		Name of Em Town of N	^{ployer} Manchester			Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist child of a lob Yes X	byist?	Aggregate Con	ributions \$20.00	\$20.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILIN	G DUE DATE	
Merrill For Secretary Of The Sta	ate									
B. Itemized Contributions from Individuals										
Last Name	First Name			MI		contribution:		ution ID #	Amount of	
Gleason	Charles				Cash	/ Order X Credit/Del	1276		Contribution	
Residential Street Address		City			State	Zip Code	Date Receiv	ed	1	
266 Foote Rd		Glastonbu	iry		СТ	06073	06/16/20)10		
Principal Occupation		Name of Em	ployer		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			Yes		
Is contributor a principal of a state contractor o state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contr	ibutions \$25.00	\$25.00	
Last Name Rengasamy	First Name Jayapraka	ish		MI	Cash	contribution: Personal C Order X Credit/Del	Theck 1282	ution ID #	Amount of Contribution	
Residential Street Address 59 Elmhurst Cir					State CT	Zip Code 06110	Date Receiv 06/17/20			
Principal Occupation Name of Employer					•	Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor o state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contr	ibutions \$1.00	\$1.00	
Last Name Rengasamy	First Name Jayapraka	ish		MI	Cash	contribution: Personal C / Order X Credit/Del	Theck 1283	ution ID #	Amount of Contribution	
Residential Street Address 59 Elmhurst Cir		^{City} West Hart	ford		State CT	Zip Code 06110	Date Receiv 06/17/20			
Principal Occupation Name of Employer						Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor o state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate Contr	ibutions \$1.00	\$1.00	
Last Name	First Name			MI		contribution:		ution ID #	Amount of	
king	Donna				Cash Money	/ Order X Credit/Del	1284		Contribution	
Residential Street Address		City			State	Zip Code	Date Receiv]	
71 Aiken St # Q-16		Norwalk			СТ	06851	06/17/20	010	4	
Principal Occupation		Name of Em	ployer			Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor o state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contr	ibutions \$100.00	\$100.00	

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILIN	G DUE DATE	
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name Bailey	First Name Eric			MI	Cash	contribution: Personal C Order X Credit/Del	Theck 1280	tion ID #	Amount of Contribution	
Residential Street Address 43 Victoria St	1	^{City} Windsor		I	State CT	Zip Code 06095	Date Receive 06/17/20			
Principal Occupation		Name of En	nployer		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es	byist?	Aggregate Contri	butions \$5.00	\$5.00	
Last Name Clemons	First Name Thomasin	a		MI	Cash	contribution: Personal Q v Order X Credit/Del	Theck 1281	tion ID #	Amount of Contribution	
Residential Street Address 655-7 Talcottville Rd					State CT	Zip Code 06066	Date Receive 06/17/20			
Principal Occupation Name of Employer						Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es X	byist?	Aggregate Contri	butions \$50.00	\$50.00	
Last Name Geragosian	First Name John			MI	Cash	contribution: Personal C Order X Credit/Del	Check 1288	ition ID #	Amount of Contribution	
Residential Street Address 39 Pendleton Rd		City New Brita	in		State CT	Zip Code 06053	Date Receive 06/18/20			
Principal Occupation Name of Employer						Is this contribution associ fundraising event listed ir If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es	byist?	Aggregate Contri	butions \$100.00	\$100.00	
Last Name Bunnell	First Name Charles			MI	Cash	contribution: Personal C Order X Credit/Del	Theck 1285	ition ID #	Amount of Contribution	
Residential Street Address 496 Town St		City East Hade	dam		State CT	Zip Code 06423	Date Receive 06/18/20			
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyis child of a lob Yes	byist?	Aggregate Contri	butions \$100.00	\$100.00	

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILIN	G DUE DATE	
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name Luciano	First Name Tulay			MI	Method of Cash	contribution:	heck	ribution ID #	Amount of Contribution	
	Tulay					Order Credit/Det	118	38	Contribution	
Residential Street Address 808 Warrenville Rd		City Mansfield	Contor		State CT	Zip Code 06250	Date Rec 06/18/			
Principal Occupation		Name of En				Is this contribution associa			4	
		n/a	mpioyer			fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Co	ontributions \$10.00	\$10.00	
Last Name Schwab	First Name Kristin			MI	Cash	contribution: Personal C / Order X Credit/Det	heck 128	ribution ID # 37	Amount of Contribution	
Residential Street Address		City			State	Zip Code	Date Rec]	
85 Willowbrook Rd		Storrs			СТ	06268	06/18/	2010	4	
Principal Occupation		Name of Er	mployer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate Co	ontributions \$100.00	\$100.00	
Last Name Schwab	First Name Richard			MI	Cash	contribution:	heck 128	ribution ID # 86	Amount of Contribution	
Residential Street Address		City			State	/ Order x Credit/Det	Date Rec	eived	-	
85 Willowbrook Rd		Storrs			СТ	06269	06/18/	2010		
Principal Occupation		Name of E	mployer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate Co	ontributions \$50.00	\$50.00	
Last Name	First Name			MI	Method of	contribution:	Cont	ribution ID #	Amount of	
Young-Kleinfeld	Carole	-			Cash Money	V Order Credit/Deb	112	24	Contribution	
Residential Street Address 68 St John's Rd		City Wilton			State CT	Zip Code 06897	Date Rec 06/18/			
Principal Occupation		Name of E	mployer		L	Is this contribution associa		Yes	1	
registrar of voters		Town of				fundraising event listed in If yes, list Event #	Section J1?	X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes X No		utor a lobbyist child of a lob 'es X	byist?	Aggregate Co	ontributions \$50.00	\$50.00	
government the contract is with:			—		·~ 🖵		I		1	

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILIN	G DUE DATE	
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name	First Name			MI		contribution:		oution ID #	Amount of	
Lewis	Charles			В	Cash Money	y Order Credit/Deb	1125		Contribution	
Residential Street Address		City			State	Zip Code	Date Recei	ved	1	
44 Boulder Brook Rd		Wilton			СТ		06/18/2	010	-	
Principal Occupation		Name of E	mployer			Is this contribution associa fundraising event listed in		Yes		
retired		n/a				If yes, list Event #	Section 71.	X No		
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggregate Con	ributions	1	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob es			\$10.00	\$10.00	
Last Name	First Name			MI		contribution:		oution ID #	Amount of	
Reeves	Margaret				Cash Money	y Order Credit/Deb	1126		Contribution	
Residential Street Address		City			State	Zip Code	Date Recei	ved		
56 Hemmelskamp Rd		Wilton			СТ		06/18/2	010	1	
Principal Occupation		Name of E				Is this contribution associa fundraising event listed in		Yes		
legislator		state of	CI			If yes, list Event #		X No		
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggregate Con	ributions		
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob es			\$100.00	\$100.00	
Last Name	First Name			MI	Method of	contribution:	Contril	oution ID #	Amount of	
Chirico	Anthony	-			Cash Money	y Order X Credit/Deb	heck 1289		Contribution	
Residential Street Address		City			State	Zip Code	Date Recei	ved		
12 Plains Rd # 322		Essex			СТ	06426	06/19/2	010	-	
Principal Occupation		Name of E	mployer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggregate Con	ributions	+	
state contractor? Is yes, indicate which branch or branches of			_	dependent	child of a lob	byist?	inggregate con	\$100.00	\$100.00	
government the contract is with:		Executive	Legislative		r _{es} X				1	
Last Name Fleischman	First Name Andrew			MI	Method of Cash	contribution: Personal C	heck	oution ID #	Amount of Contribution	
	/ undrew					y Order X Credit/Deb	1290		Contribution	
Residential Street Address		City			State	Zip Code	Date Recei			
25 Sherwood Rd		West Ha	rtford		СТ	06117	06/20/2	010	+	
Principal Occupation		Name of E	mployer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor	or prospective	I	Yes X No		utor a lobbyis	-	Aggregate Con	ributions	1	
state contractor? Is yes, indicate which branch or branches of		Engenting	Legislative	dependent	child of a lob es			\$50.00	\$50.00	
government the contract is with:		Executive	Legislative		es 🔼	INO				

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILIN	G DUE DATE	
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name Fontenella	First Name Jan			MI	X Cash	contribution: Personal C v Order Credit/Det	heck 1166	tion ID #	Amount of Contribution	
Residential Street Address 86 Woodmere Rd		^{City} West Hart	ford	-	State CT	Zip Code 06119	Date Receiv 06/21/20			
Principal Occupation social worker		Name of Emj Town of V	^{ployer} Vest hartford			Is this contribution association fundraising event listed in If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggregate Contr	butions \$5.00	\$5.00	
Last Name Bok	First Name Marcia	-		MI	Cash	contribution: X Personal C / Order Credit/Det	heck 1163	ition ID #	Amount of Contribution	
Residential Street Address 193 Girard Ave		City Hartford			State CT	Zip Code 06105	Date Receiv 06/21/20			
Principal Occupation social worker		Name of Emj	ployer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es	byist?	Aggregate Contr	butions \$50.00	\$50.00	
Last Name Bye	First Name Elizabeth			MI	Cash	contribution: Personal C v Order X Credit/Det	heck 1294	tion ID #	Amount of Contribution	
Residential Street Address 99 Outlook Ave		^{City} West Hart	ford		State CT	Zip Code 06119	Date Receiv 06/21/20			
Principal Occupation		Name of Em	ployer			Is this contribution associa fundraising event listed in If yes, list Event #	Section 11?	Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective		Yes X No	dependent	utor a lobbyist child of a lob 'es	byist?	Aggregate Contr	butions \$100.00	\$100.00	
Last Name McKay	First Name Molly			MI	Cash	contribution: Personal C Order X Credit/Det	heck 1293	ition ID #	Amount of Contribution	
Residential Street Address 8 Riverbend Dr		^{City} Mystic			State CT	Zip Code 06355	Date Receiv 06/21/20			
Principal Occupation		Name of Em	ployer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:			Yes X No		utor a lobbyist child of a lob Yes	byist?	Aggregate Contr	butions \$50.00	\$50.00	

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILIN	G DUE DATE	
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name Barry	First Name Ryan			MI P	Cash	contribution: V Order Credit/De	Check 1028	ition ID #	Amount of Contribution	
Residential Street Address 225 Knollwood Rd		City Manchest	er	•	State CT	Zip Code 06042	Date Receiv 06/21/20			
Principal Occupation Attorney/part-time legislator		Name of Er Barry &	nployer Barall, LLC			Is this contribution associ fundraising event listed in If yes, list Event #	1 Section J1?	Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contr	ibutions \$100.00	\$100.00	
Last Name Rubino	First Name Jan			MI	Cash	contribution: X Personal G / Order Credit/De	Check 1026	ntion ID #	Amount of Contribution	
Residential Street Address 296 Weigold Rd		City Tolland			State CT	Zip Code 06084	Date Receiv 06/21/20			
Principal Occupation bookkeeper		Name of Er self	nployer			Is this contribution associ fundraising event listed in If yes, list Event #	n Section J1?	Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contr	ibutions \$25.00	\$25.00	
Last Name Eberle	First Name Mary			MI U	Cash	contribution: V Order Credit/De	Check 1024	ition ID #	Amount of Contribution	
Residential Street Address 205 Duncaster Rd		City Bloomfiel	d		State CT	Zip Code 06002	Date Receiv 06/21/20			
Principal Occupation research		Name of Er UConn H	^{nployer} lealth Center			Is this contribution associ fundraising event listed in If yes, list Event #	1 Section J1?	Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate Contr	ibutions \$100.00	\$100.00	
Last Name Prygoda	First Name Len			MI	Cash	contribution: Personal G Order X Credit/De	Check 1292	ition ID #	Amount of Contribution	
Residential Street Address 129 Ridgewood Ln		^{City} Berlin			State CT	Zip Code 06037	Date Receiv 06/21/20			
Principal Occupation		Name of Er	nployer		-	Is this contribution associ fundraising event listed in If yes, list Event #	1 Section J1?	Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist child of a lob Yes X	byist?	Aggregate Contr	ibutions \$50.00	\$50.00	

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Marquis	First Name Tessa			MI	Cash	contribution: X Personal C / Order Credit/Del	Theck 103	ibution ID # 1	Amount of Contribution
Residential Street Address 67 Pt Beach Dr		City Milford			State CT	Zip Code 06460	Date Rece 06/21/2		
Principal Occupation Project Coordinator		Name of Er New Sta	nployer ndard Institute			Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob res	byist?	Aggregate Co	ntributions \$100.00	\$50.00
Last Name Feltman	First Name Art			MI	Cash	contribution: X Personal C / Order Credit/Del	Theck 103	ibution ID # 5	Amount of Contribution
Residential Street Address 50 Beechtree Ln		City West Har	tford		State CT	Zip Code 06107	Date Rece 06/21/2		
Principal Occupation		Name of Er	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob res X	byist?	Aggregate Cor	ntributions \$100.00	\$100.00
Last Name Dupont-Deihl	First Name Elizabeth			MI	Cash	contribution: X Personal C / Order Credit/Del	Theck 103	ibution ID # 2	Amount of Contribution
Residential Street Address 78 Palisado Ave	-	^{City} Windsor		-	State CT	Zip Code 06095	Date Rece 06/21/2		
Principal Occupation Grant writer/VP Development		Name of Er Career R	nployer Resources Inc			Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es	byist?	Aggregate Co	ntributions \$10.00	\$10.00
Last Name Malloy	First Name Mike			MI	Cash	contribution: X Personal C y Order Credit/Del	Theck 103	ibution ID # 3	Amount of Contribution
Residential Street Address 149 Spoonville Rd		City East Grai	nby		State CT	Zip Code 06026	Date Rece 06/21/2		
Principal Occupation business owner		Name of Er East Gra	nployer nby Motors LLC			Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist child of a lob res	byist?	Aggregate Cor	ntributions \$25.00	\$25.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name	First Name		MI	Method of	contribution:	Contribut	ion ID #	Amount of	
Langlois	Geri		W	Cash Money	V Order V Credit/Debi	1025		Contribution	
Residential Street Address		City		State	Zip Code	Date Received	1		
337 Pleasant St		Willimantic		СТ	06226	06/21/201	.0	ļ	
Principal Occupation		Name of Employer		-	Is this contribution associal fundraising event listed in S If yes, list Event #	Section J1?	Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist t child of a lob Yes X	byist?	Aggregate Contrib	utions \$50.00	\$50.00	
Last Name	First Name		MI	Method of	contribution:	Contribut	ion ID #	Amount of	
Rickard	Louise			Cash Money	V Order V Credit/Debi	1035		Contribution	
Residential Street Address		City	-	State	Zip Code	Date Received	1		
108 Little Brook Dr		Newington		СТ	06111	06/21/201	0	-	
Principal Occupation retired		Name of Employer n/a			Is this contribution associat fundraising event listed in the If yes, list Event #	Section J1?	Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist t child of a lob Tes	byist?	Aggregate Contrib	utions 100.00	\$100.00	
Last Name	First Name		MI	Method of	contribution:	Contribut	ion ID #	Amount of	
Maillett	Leonard			Cash Money	V Order Personal Ch Credit/Debi	1041		Contribution	
Residential Street Address		City		State	Zip Code	Date Received			
8 Round Rock Rd		Niantic		СТ	06357	06/21/201	.0	ļ	
Principal Occupation		Name of Employer			Is this contribution associat fundraising event listed in t If yes, list Event #	Section 11?	Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Yes X No	dependent	utor a lobbyist t child of a lob res	byist?	Aggregate Contrib	utions \$25.00	\$25.00	
government the contract is with:	First Name		MI		contribution:	Contribut	ID #		
Tiernan	Claire		K	Cash	V Order	neck 1030	ion ID #	Amount of Contribution	
Residential Street Address	-	City		State	Zip Code	Date Received	1		
95 Main St		Ivoryton		СТ	06442	06/21/201	0	ļ	
Principal Occupation retired		Name of Employer n/a			Is this contribution associal fundraising event listed in S If yes, list Event #	Section J1?	Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of		Yes X No		utor a lobbyist t child of a lob Yes X	byist?	Aggregate Contrib	utions \$25.00	\$25.00	
government the contract is with:		Laceauve Legislauve			110				

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name McCluskey	First Name David		MI	Cash	contribution: X Personal Ch / Order Credit/Debi	1168	ion ID #	Amount of Contribution		
Residential Street Address 251 Westpoint Ter		City West Hartford	•	State CT	Zip Code 06107	Date Received 06/21/201				
Principal Occupation Union Staff Rep		Name of Employer CT State Employees Assn			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyis t child of a lob /es	byist?	Aggregate Contrib	utions 100.00	\$100.00		
Last Name Moses	First Name Sheila		MI S	Cash	contribution: X Personal Ch / Order Credit/Debi	1031	ion ID #	Amount of Contribution		
Residential Street Address 200 Whitbeck Rd		City New Hartford		State CT	Zip Code 06057	Date Received 06/21/201				
Principal Occupation CPA		Name of Employer Sheila S Moses CPA PC			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyis t child of a lob Tes X	byist?	Aggregate Contrib	utions \$50.00	\$50.00		
Last Name Cook	First Name George		MI	Cash	contribution: X Personal Ch / Order Credit/Debi	1022	ion ID #	Amount of Contribution		
Residential Street Address 241 Main St	-	^{City} New Canaan	-	State CT	Zip Code 06840	Date Received 06/21/201				
Principal Occupation registrar of voters		Name of Employer town of new canaan			Is this contribution associat fundraising event listed in S If yes, list Event #	Section 11?	Yes			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative	dependent	utor a lobbyis t child of a lob Yes X	byist?	Aggregate Contrib	utions \$50.00	\$50.00		
Last Name Bysiewicz	First Name Stanley		MI J	Cash	contribution: X Personal Ch y Order Credit/Debi	1154	ion ID #	Amount of Contribution		
Residential Street Address 124 S Plumb Rd		^{City} Middletown		State CT	Zip Code 06457	Date Received 06/21/201				
Principal Occupation retired		Name of Employer n/a			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyis t child of a lob Yes X	byist?	Aggregate Contrib	utions 100.00	\$100.00		

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	IG DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Quattromani	First Name Nancy		M L		Method of c	× Personal C	Theck 11	ntribution ID #	Amount of Contribution
Residential Street Address 124 S Plumb Rd		City Middletown			State CT	Credit/Del Zip Code 06457	Date Re	eceived 1/2010	-
Principal Occupation		Name of Employer				Is this contribution associ fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	de		tor a lobbyist child of a lobl es X	oyist?	Aggregate C	Contributions \$100.00	\$100.00
Last Name Manning	First Name Carol		M A		Method of c Cash Money	X Personal C	Check 10	ntribution ID # 040	Amount of Contribution
Residential Street Address 442 Main St		City Old Saybrook	·		State CT	Zip Code 06475	Date Re 06/21	eceived L/2010	
Principal Occupation retired educator		Name of Employer n/a				Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative	de		tor a lobbyist child of a lobl es X	byist?	Aggregate C	Contributions \$20.00	\$20.00
Last Name Luxenberg	First Name Geoffrey		М	11	Method of c X Cash Money	Personal C	Theck 11	ntribution ID #	Amount of Contribution
Residential Street Address 78 Deer Run Trl		^{City} Manchester			State CT	Zip Code 06042	Date Re 06/21	eceived L/2010	
Principal Occupation Development Officer		Name of Employer MACC Charities				Is this contribution associ fundraising event listed in If yes, list Event #		Yes Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative	de		tor a lobbyist child of a lobl es X	byist?	Aggregate C	Contributions \$5.00	\$5.00
Last Name Yang	First Name Lan		М	11	Method of c X Cash Money	Personal C	Theck 10	ntribution ID #	Amount of Contribution
Residential Street Address 81 Monticello Ln		City Storrs			State CT	Zip Code 06268	Date Re 06/21	eceived L/2010	
Principal Occupation Professor		Name of Employer UConn				Is this contribution associ fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	de		tor a lobbyist child of a lobl es X	oyist?	Aggregate C	Contributions \$50.00	\$50.00

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILIN	G DUE DATE	
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name Malo	First Name Daniel			MI	Method of Cash	contribution:	Theck	ution ID #	Amount of Contribution	
						Order Credit/Del	bit Card 1023		-	
Residential Street Address 53 Wauregan Rd		^{City} Canterbu	ıry		State CT	Zip Code 06331	Date Receiv 06/21/20			
Principal Occupation student worker		Name of Er QUCC	nployer		•	Is this contribution association fundraising event listed in If yes, list Event #		Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contr	ibutions \$5.00	\$5.00	
Last Name Lombardo	First Name Joann	-		MI S	Cash	contribution: X Personal C v Order Credit/Del	Theck 1027	ution ID #	Amount of Contribution	
Residential Street Address 257 Carriage Xing		City Middletov	wn		State CT	Zip Code 06457	Date Receiv 06/21/20			
Principal Occupation governmental relations		Name of Er state of	mployer ct/UConn			Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate Contr	ibutions \$100.00	\$100.00	
Last Name Delos-Santos	First Name Fe			MI	Cash	contribution: X Personal C / Order Credit/Del	Theck 1029	ution ID #	Amount of Contribution	
Residential Street Address 47 Storrs Heights Rd		City Storrs			State CT	Zip Code	Date Receiv 06/21/20			
Principal Occupation staff/professional		Name of Er UConn	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate Contr	ibutions \$100.00	\$100.00	
Last Name Davidson	First Name Kay			MI	Cash	contribution: X Personal C / Order Credit/Del	Theck 1037	ution ID #	Amount of Contribution	
Residential Street Address 25 Sedgwick Rd		City West Har	tford		State CT	Zip Code 06107	Date Receiv 06/21/20			
Principal Occupation Professor		Name of Er UConn	nployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	1	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob 'es X	byist?	Aggregate Contr	ibutions \$20.00	\$20.00	

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name	First Name			MI	Method of	contribution:	Con	tribution ID #	Amount of
Cui	Xiaoqing				Cash Money	y Order Credit/Deb	103	39	Contribution
Residential Street Address		City			State	Zip Code	Date Rec	ceived	
741 Mansfield City Rd		Storrs			СТ	06268	06/21/	/2010	
Principal Occupation		Name of Er	mployer		•	Is this contribution associa fundraising event listed in		Yes	
Staff						If yes, list Event #		X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob ⁷ es X	byist?	Aggregate Co	ontributions \$20.00	\$20.00
Last Name	First Name			MI	Method of	contribution:	Con	tribution ID #	Amount of
Maillett	Robin				Cash Money	y Order	heck 104		Contribution
Residential Street Address		City			State	Zip Code	Date Rec	ceived]
8 Round Rock Rd		Niantic			СТ		06/21/	/2010	
Principal Occupation Name of Employer						Is this contribution associa		Yes	
contract manager state of CT					fundraising event listed in If yes, list Event #	Section J1?	X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	ontributions \$25.00	\$25.00
Last Name	First Name			MI	Method of	contribution:	Con	tribution ID #	Amount of
Rengasamy	Jayapraka	ash			Cash	y Order X Credit/Deb	heck 129		Contribution
Residential Street Address		City			State	Zip Code	Date Red	ceived	
39 Oxford St		Hartford			СТ	06110	06/21/	/2010	1
Principal Occupation		Name of Er	mployer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob		Aggregate Co	ontributions \$1.00	\$1.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	П ү	Yes X	No		\$1.00	\$1.00
Last Name	First Name			MI	Method of	contribution:		tribution ID #	Amount of
Ajello	Barbara				Cash Money	y Order Credit/Deb	1112	21	Contribution
Residential Street Address		City			State	Zip Code	Date Rec		
2 Hill View Ln		Woodbur	Γ γ		СТ	06796	06/21/	/2010	4
Principal Occupation n/a		Name of Er n/a	mployer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor?	or prospective	1	Yes X No		utor a lobbyis child of a lob	-	Aggregate Co	ontributions \$100.00	\$100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	<u></u> у	Yes X	No		\$100.00	\$100.00

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	G DUE DATE	
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name Sinani	First Name Elda			MI	Cash	contribution:		tion ID #	Amount of Contribution	
Residential Street Address		City			State Money	Zip Code Credit/Det	Date Receive			
22 Allspice Ln Principal Occupation		Glastonbury Name of Employer			СТ	06033 Is this contribution associa		10 Yes		
Analyst		City ofHartford		1		fundraising event listed in If yes, list Event #	Section J1?	X No	-	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legisl	X No	dependent	tor a lobbyist child of a lob es	byist?	Aggregate Contri	butions \$25.00	\$25.00	
Last Name Derby	First Name Steven			MI	Cash	contribution: X Personal C v Order Credit/Deb	Theck 1132	tion ID #	Amount of Contribution	
Residential Street Address 54 White Ave		City West Hartford			State CT	Zip Code	Date Receive 06/21/20			
Principal Occupation retired		Name of Employer n/a				Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legisl	X No	dependent	itor a lobbyist child of a lob es X	byist?	Aggregate Contri	butions \$25.00	\$25.00	
Last Name Roe	First Name Alexandri	3		MI	Cash	contribution: X Personal C v Order Credit/Det	heck 1151	tion ID #	Amount of Contribution	
Residential Street Address 74 Arnoldale Rd		City West Hartford			State CT	Zip Code	Date Receive 06/21/20			
Principal Occupation Architect		Name of Employer UConn				Is this contribution associa fundraising event listed in If yes, list Event #	Section 11?	Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legisl	X No	dependent	utor a lobbyist child of a lob es	byist?	Aggregate Contri	butions \$100.00	\$100.00	
Last Name Bachoo	First Name Richard			MI	Cash	contribution: X Personal C v Order Credit/Det	Theck 1152	tion ID #	Amount of Contribution	
Residential Street Address 77 Rumford St		City West Hartford			State CT	Zip Code	Date Receive 06/21/20			
Principal Occupation Educatiional adminstrator		Name of Employer state of CT				Is this contribution associated in fundraising event listed in If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legisl	X No		itor a lobbyist child of a lob es	byist?	Aggregate Contri	butions \$50.00	\$50.00	

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name Sweeney	First Name John		MI M	Method of Cash	contribution:	Contribut	ion ID #	Amount of Contribution		
				Money	y Order Credit/Debi	it Card				
Residential Street Address 19 Randolph Dr		City Glastonbury		State CT	Zip Code	Date Received 06/21/201				
Principal Occupation senior VP/CEO		Name of Employer providence college			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		utor a lobbyis child of a lob 'es	byist?	Aggregate Contril	outions	\$100.00		
Last Name Stoane	First Name Danae		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	1156	ion ID #	Amount of Contribution		
Residential Street Address 427 Kelsey St	-	City Middletown		State CT	Zip Code 06452	Date Received 06/21/201				
Principal Occupation Realtor		Name of Employer Sterling Realtors		!	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyis child of a lob 'es X	byist?	Aggregate Contrit	outions	\$100.00		
Last Name Blumes	First Name Alfred		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	1159	ion ID #	Amount of Contribution		
Residential Street Address 25 Peck St		City New Britain		State CT	Zip Code 06051	Date Received 06/21/201				
Principal Occupation welder		Name of Employer City of New Britain		ł	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyis child of a lob 'es X	byist?	Aggregate Contril	outions	\$100.00		
Last Name Blumes	First Name Diana		MI	X Cash	contribution: Personal Cl y Order Credit/Debi	1160	ion ID #	Amount of Contribution		
Residential Street Address 25 Peck St		^{City} New Britain	•	State CT	Zip Code	Date Received 06/21/201				
Principal Occupation student		Name of Employer n/a		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No		utor a lobbyis child of a lob 'es X	byist?	Aggregate Contrib	outions \$50.00	\$50.00		

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE	NAME OF COMMITTEE FILING E									
Merrill For Secretary Of The St	Merrill For Secretary Of The State									
	B. Itemized Contributions from Individuals									
Last Name Durbin	First Name Robert		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	1161	ion ID #	Amount of Contribution		
Residential Street Address 51 Lemay St		City West Hartford		State CT	Zip Code	Date Received 06/21/201				
Principal Occupation Attorney		Name of Employer Red and Riege, PC			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	depende	ibutor a lobbyis nt child of a lob Yes	byist?	Aggregate Contrib	utions 100.00	\$100.00		
Last Name Pinney	First Name David		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	1162	ion ID #	Amount of Contribution		
Residential Street Address 214 Maple St		City Somersville		State CT	Zip Code	Date Received 06/21/201				
Principal Occupation Name of Employer				•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	depende	ibutor a lobbyis nt child of a lob Yes	byist?	Aggregate Contrib	utions \$25.00	\$25.00		
Last Name O'Connor	First Name Roderick		МІ	Cash	contribution: X Personal Cl y Order Credit/Deb	1164	ion ID #	Amount of Contribution		
Residential Street Address 153 Lyness St		^{City} Manchester		State CT	Zip Code	Date Received 06/21/201				
Principal Occupation analyst		Name of Employer CT DSS			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		ibutor a lobbyis nt child of a lob Yes	byist?	Aggregate Contrib	utions \$50.00	\$50.00		
Last Name Nunez	First Name Paul		MI	X Cash	contribution: Personal Cl y Order Credit/Deb	1167	ion ID #	Amount of Contribution		
Residential Street Address 7 Chatham St		^{City} New Haven		State CT	Zip Code	Date Received 06/21/201				
Principal Occupation policy aide		Name of Employer state of CT			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	depende	ibutor a lobbyis nt child of a lob Yes	byist?	Aggregate Contrib	utions \$20.00	\$20.00		

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	Merrill For Secretary Of The State								
B. Itemized Contributions from Individuals									
Last Name	First Name			MI		contribution:		bution ID #	Amount of
Glidden	Christine	-			Cash Money	Order X Credit/Del	129	5	Contribution
Residential Street Address		City			State	Zip Code	Date Rece		
22 Hale Street Ext		Vernon			СТ	06066	06/22/2	2010	4
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes	byist?	Aggregate Cor	tributions \$30.00	\$30.00
Last Name wilmes-pandolfo	First Name Elaine			MI	Cash	contribution: Personal C Order X Credit/Del	Theck 129	bution ID # 7	Amount of Contribution
Residential Street Address 55 Riverview Rd	•	_{City} Mansfield	Center	•	State CT	Zip Code 06250	Date Rece 06/22/2		
Principal Occupation Name of Employer					•	Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Cor	tributions \$25.00	\$25.00
Last Name Wilson	First Name Sean			MI	Cash	contribution: Personal C Order X Credit/Del	Theck 129	bution ID #	Amount of Contribution
Residential Street Address 615 Pitkin Way	1	City Castle Ro	ock	1	State CO	Zip Code 80104	Date Rece 06/22/2		
Principal Occupation		Name of En	nployer		<u> </u>	Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	-
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Cor	tributions \$100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		bution ID #	Amount of
Wilson	Shelly				Cash Money	/ Order X Credit/Del	130)	Contribution
Residential Street Address 615 Pitkin Way		City Castle Ro	ock		State CO	Zip Code 80104	Date Rece 06/22/2		
Principal Occupation		Name of En			1	Is this contribution associ fundraising event listed in If yes, list Event #	ated with a	Yes X No	1
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	_	Executive	Yes X No		utor a lobbyist child of a lob Yes	byist?	Aggregate Cor	tributions \$100.00	\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FIL	ING DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name	First Name			MI	Method of	contribution:		ontribution ID #	Amount of
Droesch	Robert				Cash Money	V Order X Credit/De	12	298	Contribution
Residential Street Address		City			State	Zip Code	Date R	Received	
111 Cemetary Rd		Canterbu	ry		СТ	06331	06/22	2/2010	
Principal Occupation		Name of En	nployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate (Contributions \$50.0	0 \$50.00
Last Name Aaron	First Name Barbara			MI	Cash	contribution: Personal C Order X Credit/De	Check 12	ontribution ID # 296	Amount of Contribution
Residential Street Address 83 Sunny Reach Dr	1	City West Har	tford	1	State CT	Zip Code 06117	Date R 06/22		
Principal Occupation Name of Employer					<u> </u>	Is this contribution associ fundraising event listed ir If yes, list Event #	ated with a	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate (Contributions \$100.0	0 \$100.00
Last Name Winterfield	First Name Michael			MI	Cash	contribution: Personal C Order X Credit/De	Check 13	ontribution ID # 303	Amount of Contribution
Residential Street Address 555 Mountain Rd	1	City West Har	tford	1	State CT	Zip Code 06117		eceived 3/2010	
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate (Contributions \$25.0	0 \$25.00
Last Name	First Name			MI	Method of	contribution:	Со	ontribution ID #	Amount of
Klaskin	Seth				Cash Money	/ Order X Credit/De	13	322	Contribution
Residential Street Address 130 Overbrook Rd		City Madison		_	State CT	Zip Code 06443		leceived 3/2010	
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed ir If yes, list Event #	ated with a	Yes X No	-
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist child of a lob Yes	byist?	Aggregate (Contributions \$100.0	0 \$100.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Merrill For Secretary Of The State	e								
B. Itemized Contributions from Individuals									
Last Name F	First Name		MI	Method of	contribution:	Contribut	ion ID #	Amount of	
Dworkin F	Paul			Cash Money	V Order X Credit/Debi	1309		Contribution	
Residential Street Address		City		State	Zip Code	Date Received	1		
1844 Albany Ave		West Hartford		СТ	06117	06/23/201	.0		
Principal Occupation		Name of Employer			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor or state contractor? Is yes, indicate which branch or branches of government the contract is with:	· ·	Yes X No		utor a lobbyist child of a lob res	byist?	Aggregate Contrib	outions	\$100.00	
	First Name		MI	Method of	contribution:	Contribut	ion ID #	Amount of	
DiProto [Darlene			Cash Money	v Order X Credit/Debi	1311		Contribution	
Residential Street Address		City		State	Zip Code	Date Received	1]	
3 Oak Rd		Cromwell		СТ	T 06416 06/23/201				
Principal Occupation Name of Employer					Is this contribution associat fundraising event listed in 5 If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor or state contractor? Is yes, indicate which branch or branches of government the contract is with:	prospective	Executive	dependent	utor a lobbyist child of a lob 'es	byist?	Aggregate Contrib	outions \$10.00	\$10.00	
Last Name F	First Name		MI	Method of	contribution:	Contribut	ion ID #	Amount of	
Sielman F	Peter			Cash Money	/ Order X Credit/Debi	1301		Contribution	
Residential Street Address		City		State	Zip Code	Date Received			
369 West Rd		Salem		СТ	06420	06/23/201	.0		
Principal Occupation		Name of Employer			Is this contribution associat fundraising event listed in S If yes, list Event #	Section 11?	Yes XNo		
Is contributor a principal of a state contractor or state contractor? Is yes, indicate which branch or branches of	 	Yes X No	dependent	utor a lobbyist child of a lob	byist?	Aggregate Contrib	outions \$10.00	\$10.00	
government the contract is with:		Executive Legislative		r _{es} X					
	First Name Sara		MI	Cash	contribution: Personal Ch Order X Credit/Debi	1321	ion ID #	Amount of Contribution	
Residential Street Address		City	1	State	Zip Code	Date Received	1	1	
53 Dugg Hill Rd		Woodstock		СТ	06281	06/23/201			
Principal Occupation		Name of Employer			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor or state contractor? Is yes, indicate which branch or branches of government the contract is with:	 	Yes X No		utor a lobbyist child of a lob res	byist?	Aggregate Contrib	outions \$25.00	\$25.00	

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name	First Name			MI	Method of	contribution:		tribution ID #	Amount of
Morgan	kevin				Cash Money	V Order X Credit/Del	131	19	Contribution
Residential Street Address		City			State	Zip Code	Date Rec	ceived]
10A Grandview Dr		Danbury			СТ	06811	06/23/	/2010	
Principal Occupation		Name of Emp	bloyer			Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggregate Co	ontributions \$25.00	\$25.00
Last Name Marella	First Name Lisa			MI	Cash	contribution: Personal C Order X Credit/Del	Theck 131	tribution ID #	Amount of Contribution
Residential Street Address		City			State	Zip Code	Date Rec	ceived	1
989 Storrs Rd		Storrs			СТ	06268	06/23/	/2010	
Principal Occupation Name of Employer					-	Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Co	ontributions \$100.00	\$100.00
Last Name O'Brien	First Name Elaine			MI	Cash	contribution: Personal C Order X Credit/Del	heck 131	tribution ID # L4	Amount of Contribution
Residential Street Address 1321 Hill St		City Suffield			State CT	Zip Code 06078	Date Rec 06/23/		
Principal Occupation		Name of Emp	oloyer		<u> </u>	Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	-
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective		Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate Co	ontributions \$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:	Cont	tribution ID #	Amount of
Palmer	Mary			м	Cash Money	V Order X Credit/Del	131	12	Contribution
Residential Street Address 62 Dublin Rd		City Falls Villag	e		State CT	Zip Code 06031	Date Rec 06/23/		
Principal Occupation Name of Employer Is this contribution Is this contribution Is this contribution Is this contribution						Is this contribution associ fundraising event listed in If yes, list Event #	ated with a	Yes	1
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:			Yes X No		utor a lobbyist child of a lob 'es X	byist?	Aggregate Co	ontributions \$10.00	\$10.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE	NAME OF COMMITTEE FILING							G DUE DATE	
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Geragosian	First Name Audrey		MI H	Cash	contribution: Personal Cl v Order X Credit/Deb	1307	on ID #	Amount of Contribution	
Residential Street Address 39 Pendleton Rd		^{City} New Britain		State CT	Zip Code 06053	Date Received 06/23/201			
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	deper	ontributor a lobbyist ndent child of a lob Yes X	byist?	Aggregate Contribu	utions \$50.00	\$50.00	
Last Name Brand	First Name Curtis		MI	Cash	contribution: Personal Cl Order X Credit/Deb	1304	on ID #	Amount of Contribution	
Residential Street Address 410 Gurleyville Rd		City Storrs		State CT	Zip Code 06268	Date Received 06/23/201			
Principal Occupation Name of Employer					Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislativ	deper	ontributor a lobbyist ndent child of a lob Yes X	byist?	Aggregate Contribu	utions \$25.00	\$25.00	
Last Name Ramsey	First Name Anne		MI	Cash	contribution: Personal Cl v Order X Credit/Deb	1318	on ID #	Amount of Contribution	
Residential Street Address 74 Sky View Cir		^{City} Hamden		State CT	Zip Code 06514	Date Received			
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	deper	ontributor a lobbyist ndent child of a lob Yes X	byist?	Aggregate Contrib	utions \$5.00	\$5.00	
Last Name kremer	First Name Robert		MI	Method of o Cash Money	contribution: Personal Cl v Order X Credit/Deb	1320	on ID #	Amount of Contribution	
Residential Street Address 67 Charles Ln		City Storrs		State CT	Zip Code 06268	Date Received 06/23/201			
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	_	Executive Legislativ	deper	ontributor a lobbyist ndent child of a lob Yes X	byist?	Aggregate Contribu	utions \$25.00	\$25.00	

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
		B. Ite	emized Contributi	ons from	ı Individu	ials		-	
Last Name	First Name			MI		contribution:		tion ID #	Amount of
Wilson	Katie				Cash Money	y Order X Credit/Del	1316		Contribution
Residential Street Address		City			State	Zip Code	Date Receiv	ed	
615 Pitkin Way		Castle Ro	ock		СО	80104	06/23/20	10	1
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contr	ibutions \$100.00	\$100.00
Last Name Bogin	First Name Joanna			MI	Cash	contribution: Personal C y Order X Credit/Del	Theck 1302	ition ID #	Amount of Contribution
Residential Street Address		City			State	y Order X Credit/Del	Date Receiv	ed	-
31 Woodland St # 12P Hartford					СТ	06105 06/23/201			
Principal Occupation Name of Employer					Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate Contr	ibutions \$30.00	\$30.00
Last Name DeMartino	First Name Joe			MI	Cash	contribution: Personal C y Order X Credit/Del	Theck 1305	ntion ID #	Amount of Contribution
Residential Street Address		City			State	Zip Code	Date Receiv		-
57 Drumlin Rd			astonbury		СТ		06/23/20		+
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate Contr	ibutions \$100.00	\$100.00
government the contract is with:	First Name		Segmente		ı –	contribution:		tion ID //	
Smith	Elizabeth	-		IVII	Cash	y Order X Credit/Del	Theck 1306	ition ID #	Amount of Contribution
Residential Street Address		City		_	State	Zip Code	Date Receiv		
126 Hopmeadow St # 2B		Weatogue			СТ	06089	06/23/20	10	ł
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of		Executive	Yes X No		utor a lobbyist child of a lob Yes	byist?	Aggregate Contr	ibutions \$50.00	\$50.00
government the contract is with:				1					1

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	Merrill For Secretary Of The State								
		B. Ite	emized Contributi	ons from	ı Individu	ials			
Last Name	First Name			MI		contribution:		tion ID #	Amount of
Gaffney	Maureen				Cash	Personal O V Order X Credit/De	1308		Contribution
Residential Street Address		City			State	Zip Code	Date Receiv	ed	
500 Prospect St Apt 4D		New Have	en		СТ	06511	06/23/20	10	
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate Contr	ibutions \$25.00	\$25.00
Last Name Nelson	First Name Ronald			MI P	Cash	contribution: Personal O Order X Credit/De	Check 1310	ition ID #	Amount of Contribution
Residential Street Address 88 Notch Hill Rd Apt 210		City North Bra	anford		State CT	Zip Code 06471	Date Receiv 06/23/20		
Principal Occupation Name of Employer					Į	Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contr	ibutions \$100.00	\$100.00
Last Name Hayes	First Name Patrick			MI	Cash	contribution: Personal Q Order X Credit/De	Check 1313	tion ID #	Amount of Contribution
Residential Street Address 82 Midwood Ave		City Waterbur	У		State CT	Zip Code 06708	Date Receiv 06/23/20		
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate Contr	ibutions \$25.00	\$25.00
Last Name	First Name			MI		contribution:		tion ID #	Amount of
Scruggs	Lyle				Cash	V Order X Credit/De	1315		Contribution
Residential Street Address 21 Thomas Dr		^{City} South Wi	ndham		State CT	Zip Code 06266	Date Receiv 06/23/20		
Principal Occupation		Name of En	nployer		I	Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contr	ibutions \$50.00	\$50.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
		B. Ite	emized Contributi	ons from	ı Individu	ials			
Last Name	First Name			MI		contribution:		ution ID #	Amount of
Balmforth	Irene				Cash Money	/ Order X Credit/Del	1325		Contribution
Residential Street Address		City		-	State	Zip Code	Date Receiv	ed	1
1465 Fox St		Wayzata			MN	55391	06/24/20	010	1
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate Contr	ibutions \$100.00	\$100.00
Last Name Bamforth	First Name Colin			MI	Cash	contribution: Personal C Order X Credit/Del	Theck 1326	ution ID #	Amount of Contribution
Residential Street Address 1465 Fox St		^{City} Wayzata		•	State MN	Zip Code 55391	Date Receiv 06/24/20		
Principal Occupation Name of Employer					Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate Contr	ibutions \$100.00	\$100.00
Last Name Davis	First Name Darren			MI	Cash	contribution: Personal C Order X Credit/Del	Theck 1327	ution ID #	Amount of Contribution
Residential Street Address 1226 E 14th Ave	•	^{City} Denver		•	State CO	Zip Code 80218	Date Receiv 06/24/20		
Principal Occupation		Name of En	nployer		1	Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate Contr	ibutions \$100.00	\$100.00
Last Name	First Name			MI		contribution:		ution ID #	Amount of
Desanto	Angela	-			Cash Money	/ Order X Credit/Del	1324		Contribution
Residential Street Address 183 Amidon Rd		City Ashford			State CT	Zip Code 06278	Date Receiv		
Principal Occupation		Name of En	nployer		ł	Is this contribution associ fundraising event listed in If yes, list Event #	ated with a	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist child of a lob Yes X	byist?	Aggregate Contr	ibutions \$10.00	\$10.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILING	G DUE DATE
Merrill For Secretary Of The St	ate							
		B. Itemized Contribu	tions fron	ı Individu	ials			
Last Name	First Name		MI	Method of	contribution:	Contribut	ion ID #	Amount of
Vail	Margaret			Cash Money	y Order X Credit/Deb	1323		Contribution
Residential Street Address		City		State	Zip Code	Date Receive	d	
100 Bunker Hill Rd		Salisbury		СТ	06068	06/24/201	.0	
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	outor a lobbyis t child of a lob Yes X	byist?	Aggregate Contril	outions	\$100.00
Last Name Needleman	First Name Marc		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	1328	ion ID #	Amount of Contribution
Residential Street Address		City		State	Zip Code	Date Receive	d]
5 Adams Rd		Bloomfield		CT 06002 06/24/2			.0	
Principal Occupation Name of Employer				-	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	outor a lobbyis t child of a lob Yes X	byist?	Aggregate Contrib	outions \$20.00	\$20.00
Last Name	First Name		MI	Method of	contribution:	Contribut	ion ID #	Amount of
Carey	Del Anne		М	Cash Money	V Order Credit/Deb	1181		Contribution
Residential Street Address		City		State	Zip Code	Date Receive	d	
4 Main St		South Windham		СТ	06266	06/25/201	.0	1
Principal Occupation retired teacher		Name of Employer n/a			Is this contribution associa fundraising event listed in If yes, list Event #	Section 11?	Yes XNo	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	outor a lobbyis t child of a lob í es X	byist?	Aggregate Contrib	outions \$50.00	\$50.00
Last Name	First Name	•	MI	1	contribution:	Contribut	ion ID #	Amount - f
Muller	Bonnie			Cash	y Order Personal Cl Credit/Deb	heck 1100	1011 112 #	Amount of Contribution
Residential Street Address		City		State	Zip Code	Date Receive		
25 Tuttle Ave		Hamden		СТ	06518	06/25/201	.0	ļ
Principal Occupation retired social worker		Name of Employer slef			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes XNo	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No		outor a lobbyis t child of a lob í es	byist?	Aggregate Contrib	outions \$25.00	\$25.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
		B. It	emized Contributi	ons from	ı Individu	ials			
Last Name	First Name			MI	Method of	contribution:		bution ID #	Amount of
Ritchie	John				Cash Money	V Order Credit/Del	1120)	Contribution
Residential Street Address	•	City			State	Zip Code	Date Rece	ived	1
17 Cobble Rd # M-4		Salisbury	/		СТ	06068	06/25/2	010	
Principal Occupation		Name of Er	mployer			Is this contribution associ- fundraising event listed in		Yes	
retired		n/a				If yes, list Event #	Section J1?	X No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggregate Cor	tributions	1
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	dependent	child of a lob Yes			\$40.00	\$40.00
Last Name	First Name			MI	Method of	contribution:	Contri	bution ID #	Amount of
Riiska	William			0	Cash	V Order Credit/Del	1177	,	Contribution
Residential Street Address		City			State	Zip Code	Date Rece	ived	1
68 Litchfield Rd		Norfolk			СТ	06058	06/25/2	010	1
Principal Occupation Name of Employer						Is this contribution associ- fundraising event listed in		Yes	
lawyer self						If yes, list Event #		X No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggregate Cor	tributions	1
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob Zes			\$25.00	\$25.00
Last Name	First Name			MI	Method of	contribution:	Contri	bution ID #	Amount of
McKinnon	Bernard			А	Cash	V Order Credit/Del	heck 1180		Contribution
Residential Street Address		City			State	Zip Code	Date Rece	ived	1
301 Jude Ln		Southing	ton		СТ	06489	06/25/2	010	1
Principal Occupation		Name of Er	mployer			Is this contribution associ fundraising event listed in		Yes	
retired		n/a				If yes, list Event #		X No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggregate Cor	tributions	1
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob Yes			\$50.00	\$50.00
government the contract is with:		Executive	Legislative		1				
DelPrete	First Name Rick			MI	Cash	contribution: X Personal C / Order Credit/Del	heck 1133	bution ID # B	Amount of Contribution
Residential Street Address	1	City		1	State	Zip Code	Date Rece	ived	1
11 Apple Way		Lakeville			СТ	06039	06/25/2		
Principal Occupation		Name of E	mployer		•	Is this contribution associ		Yes	1
retired educator		n/a				fundraising event listed in If yes, list Event #	Section J1?	X No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggregate Cor	tributions	1
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	dependent	child of a lob es			\$25.00	\$25.00
government the contract is with:		Executive				INU			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
		B. It	emized Contributi	ons from	ı Individu	ials			
Last Name	First Name			MI		contribution:		ution ID #	Amount of
Scoville	Anthony	-			Cash Money	Order Credit/De	1134		Contribution
Residential Street Address		City			State	Zip Code	Date Receiv		
36 Taconic Rd		Salisbury	,		СТ	06068	06/25/2)10	-
Principal Occupation president		Name of Er Aerovest				Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate Cont	ributions \$50.00	\$50.00
Last Name Passero	First Name Michael			MI	Cash	contribution: X Personal O / Order Credit/De	Check 1145	ution ID #	Amount of Contribution
Residential Street Address 46 Admiral Dr		City New Lone	don	•	State CT	Zip Code 06320	Date Receiv 06/25/20		
Principal Occupation Name of Employer city councilor new london					Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate Cont	ributions \$50.00	\$50.00
Last Name Blackford	First Name Vivien			MI	Cash	contribution: V Order Credit/De	Check 1139	ution ID #	Amount of Contribution
Residential Street Address 10 Hamburg Rd		City East Had	dam	•	State CT	Zip Code 06423	Date Receiv 06/25/2		
Principal Occupation family business consultant		Name of Er self	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate Cont	ributions \$25.00	\$25.00
Last Name Riordan	First Name Emily			MI S	Cash	contribution: V Order Credit/De	Check 1068	ution ID #	Amount of Contribution
Residential Street Address 675 Ridge Rd		City Orange			State CT	Zip Code 06477	Date Receiv 06/25/20		
Principal Occupation attorney		Name of Er Riordan,	^{nployer} Cutting & Shore LLP		-	Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist child of a lob Yes	byist?	Aggregate Cont	ributions \$100.00	\$100.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILING	G DUE DATE
Merrill For Secretary Of The State								
B. Itemized Contributions from Individuals								
Last Name Clowes	First Name Everett		MI S	Cash	contribution: X Personal Ch Order Credit/Debi	1110	ion ID #	Amount of Contribution
Residential Street Address 373 Saybrook Rd	1	City Higganum		State CT	Zip Code 06441	Date Received 06/25/201		
Principal Occupation retired	Name of Employer n/a				Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyist child of a lob ′es X	byist?	Aggregate Contrib	utions \$25.00	\$25.00
Last Name Clowes	First Name Diane		MI G	Cash	contribution: X Personal Ch v Order Credit/Debi	11111	ion ID #	Amount of Contribution
Residential Street Address City 373 Saybrook Rd Higganum				State CT	Zip Code 06441	Date Received 06/25/201		
Principal Occupation Name of Employer retired n/a				•	Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contrib	utions \$25.00	\$25.00
Last Name Seidman	First Name Lon		MI	Cash	contribution: X Personal Ch / Order Credit/Debi	1114	ion ID #	Amount of Contribution
Residential Street Address 76 Bushy Hill Rd		City Ivoryton	•	State CT	Zip Code 06442	Date Received 06/25/201		
Principal Occupation partner		Name of Employer self - safety zone llc			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contrib	utions \$50.00	\$50.00
Last Name Conroy	First Name Theresa		MI W	Cash	contribution: X Personal Ch v Order Credit/Debi	1146	ion ID #	Amount of Contribution
Residential Street Address 177 Skokorat St		City Seymour		State CT	Zip Code 06483	Date Received 06/25/201		
Principal Occupation state rep		Name of Employer state of CT			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob Yes X	byist?	Aggregate Contrib	utions \$20.00	\$20.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name	First Name			MI	Method of	contribution:		oution ID #	Amount of
Radcliffe	David				Cash Money	V Order Credit/Deb	1183		Contribution
Residential Street Address		City			State	Zip Code	Date Rece	ved	
96 Curtis St		Meriden			СТ	06450	06/25/2	010	1
Principal Occupation Name of Employer						Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es	byist?	Aggregate Con	tributions \$20.00	\$20.00
Last Name Yerks	First Name Marilyn			MI	Cash	contribution: X Personal C / Order Credit/Det	Theck 1186	oution ID #	Amount of Contribution
Residential Street Address	•	City			State	Zip Code	Date Rece	ved	
190 Cornwall Bridge Rd Sharon					СТ		06/25/2	010	
Principal Occupation Name of Employer						Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es	byist?	Aggregate Con	tributions \$50.00	\$50.00
Last Name Yerks	First Name Todd			MI	Cash	contribution: X Personal C / Order Credit/Det	heck 1185	oution ID #	Amount of Contribution
Residential Street Address 190 Cornwall Bridge Rd	1	City Sharon		1	State CT	Zip Code	Date Recei		
Principal Occupation	nployer		ł	Is this contribution association fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es X	byist?	Aggregate Con	tributions \$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:	Contri	oution ID #	Amount of
Woodiel	Flo				Cash Money	V Order Credit/Deb	1182		Contribution
Residential Street Address 65 Linbrook Rd		City West Har	tford	_	State CT	Zip Code 06107	Date Recei		
Principal Occupation		Name of Er				Is this contribution associa			1
retire		n/a	npioyei	-		fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyis child of a lob 'es	byist?	Aggregate Con	tributions \$20.00	\$20.00
go comment the contract is with.			_	1			I		I

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name	First Name			MI	Method of	contribution:		ribution ID #	Amount of
Wise	Parker				Cash Money	V Order Credit/Deb	110	12	Contribution
Residential Street Address		City			State	Zip Code	Date Rec	eived	
60 Maple St		Branford			СТ	06405	06/25/	2010	1
Principal Occupation		Name of Employer				Is this contribution associa		Yes	
Attorney		Pearl Seas Crui	ses LLC; B&H	Ocean		fundraising event listed in If yes, list Event #	Section J1?	X No	
Is contributor a principal of a state contractor	or prospective	Y	es X No		utor a lobbyist	-	Aggregate Co	ontributions	1
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive L	egislative		child of a lob es			\$100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	Cont	ribution ID #	Amount of
Morrison	Vera				Cash Money	V Order Credit/Deb	110)1	Contribution
Residential Street Address		City			State	Zip Code	Date Rec	eived	
1692 Whitney Ave Hamden					СТ	06517	06/25/	2010	1
Principal Occupation		Name of Employer				Is this contribution associa		Yes	
town clerk town of hamden						fundraising event listed in If yes, list Event #	Section 31?	X No	
Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist					-	Aggregate Co	ontributions	1	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive L	egislative		child of a lob es			\$25.00	\$25.00
Last Name	First Name			MI	Method of	contribution:	Cont	ribution ID #	Amount of
Grogin	Marilyn				Cash Money	V Order Credit/Deb	117	'4	Contribution
Residential Street Address		City			State	Zip Code	Date Rec	eived	
282 Bayberry Ln		Westport			СТ	06880	06/25/	2010	1
Principal Occupation		Name of Employer				Is this contribution associa		Yes	
retired		n/a				fundraising event listed in If yes, list Event #	Section J1?	X No	
Is contributor a principal of a state contractor	or prospective	Y	es X No		utor a lobbyist		Aggregate Co	ontributions	1
state contractor? Is yes, indicate which branch or branches of					child of a lob es			\$50.00	\$50.00
government the contract is with:		Executive L	egislative						
Last Name Weeks	First Name Denise			MI	Method of Cash	contribution:	heck	ribution ID #	Amount of Contribution
Weeks	Denise					Order Credit/Deb	113	15	Contribution
Residential Street Address		City			State	Zip Code	Date Rec	eived	
334 Hollister Way W		Glastonbury			СТ	06033	06/25/	2010	1
Principal Occupation		Name of Employer				Is this contribution associa		Yes	
retired		n/a				fundraising event listed in If yes, list Event #	Section J1?	X No	
Is contributor a principal of a state contractor	or prospective	y Y	es X No		utor a lobbyist	-	Aggregate Co	ontributions]
state contractor? Is yes, indicate which branch or branches of		Example:	egislative	dependent	child of a lob es			\$25.00	\$25.00
government the contract is with:		Executive L	egislative		es 🔼	INO			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILING	G DUE DATE
Merrill For Secretary Of The State								
B. Itemized Contributions from Individuals								
Last Name ulatowski	First Name Patty		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	1115	ion ID #	Amount of Contribution
Residential Street Address 71 Old Zoar Rd		City Monroe		State CT	Zip Code 06468	Date Received 06/25/201		
Principal Occupation records manager/archvist		Name of Employer City of Bridgeport			Is this contribution associat fundraising event listed in the If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contrib	utions \$25.00	\$25.00
Last Name Mikutel	First Name Steven		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	1171	ion ID #	Amount of Contribution
Residential Street Address 152 Bethel Rd		City Griswold		State CT	Zip Code 06351	Date Received 06/25/201		
Principal Occupation Name of Employer legislator CT State Legislature				•	Is this contribution associa fundraising event listed in the If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contrib	utions \$50.00	\$50.00	
Last Name Drew	First Name Tom		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	1170	ion ID #	Amount of Contribution
Residential Street Address 36 Bay Edge Ct	-	^{City} Fairfield		State CT	Zip Code 06824	Date Received 06/25/201		
Principal Occupation attorney/legislator		Name of Employer self/state of CT		•	Is this contribution associa fundraising event listed in the If yes, list Event #	Section 11?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob 'es	byist?	Aggregate Contrib	utions \$50.00	\$50.00
Last Name Foley	First Name Mary		MI N	Cash	contribution: X Personal Cl y Order Credit/Debi	1112	ion ID #	Amount of Contribution
Residential Street Address 52 Trebbe Dr		^{City} Manchester		State CT	Zip Code 06040	Date Received 06/25/201		
Principal Occupation		Name of Employer			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No		utor a lobbyist child of a lob Yes	byist?	Aggregate Contrib	utions \$15.00	\$15.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	Merrill For Secretary Of The State								
B. Itemized Contributions from Individuals									
Last Name Goldman	First Name Larry			MI	Cash	contribution: X Personal C / Order Credit/Deb	heck 1144	ition ID #	Amount of Contribution
Residential Street Address 35 Sherwood Ln		City Norwich			State CT	Zip Code 06360	Date Receiv 06/25/20		
Principal Occupation sales	ccupation Name of Employer self					Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es	byist?	Aggregate Contr	ibutions \$25.00	\$25.00
Last Name Goldman	First Name Susan	-		MI	Cash	contribution: X Personal C / Order Credit/Deb	heck 1142	ution ID #	Amount of Contribution
Residential Street Address 35 Sherwood Ln		^{City} Norwich			State CT	Zip Code 06360	Date Receiv 06/25/20		
Principal Occupation Name of Employer prog. asst city of norwich					•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate Contr	ibutions \$25.00	\$25.00
Last Name Ciarleglio	First Name Jane			MI	Cash	contribution: X Personal C / Order Credit/Deb	heck 1158	ution ID #	Amount of Contribution
Residential Street Address 42 Palmer Ave	-	^{City} Hamden		-	State CT	Zip Code 06514	Date Receiv 06/25/20		
Principal Occupation		Name of Er	1 5		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es	byist?	Aggregate Contr	ibutions \$50.00	\$50.00
Last Name Graziani	First Name Ted			MI	Cash	contribution: X Personal C / Order Credit/Det	heck 1141	ution ID #	Amount of Contribution
Residential Street Address 14 Punkin Dr		City Ellington			State CT	Zip Code 06029	Date Receiv 06/25/20		
Principal Occupation SR Buyer/Planner		Name of Er Hamiltor	nployer n Sunstrand			Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob Yes X	byist?	Aggregate Contr	ibutions \$25.00	\$25.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The State									
B. Itemized Contributions from Individuals									
Last Name Dargan	First Name Stephen			MI	Cash	contribution: X Personal C v Order Credit/Deb	heck 1169	oution ID #	Amount of Contribution
Residential Street Address 215 Beach St		^{City} West Have	^{City} West Haven			Zip Code Date Reco 06516 06/25/3			
Principal Occupation Sales		Name of Employer Captain's Galley			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	,	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggregate Con	ributions \$100.00	\$100.00
Last Name Crumbie	First Name Andrew			MI	Cash	contribution: X Personal C v Order Credit/Deb	Theck 1187	oution ID #	Amount of Contribution
Residential Street Address City 74 Tumblebrook Ln West Hartford					State CT	Zip Code	Date Recei 06/25/2		
Principal Occupation Name of Employer attorney Self						Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggregate Con	ributions \$100.00	\$100.00
Last Name Bysiewicz	First Name Gail			MI	Cash	contribution: X Personal C v Order Credit/Det	heck 1157	oution ID #	Amount of Contribution
Residential Street Address 38 Red Hill Dr		_{City} Glastonbur	у		State CT	Zip Code 06033	Date Recei 06/25/2		
Principal Occupation legislative liason/administrator		Name of Emp UConn	loyer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective		Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggregate Con	ributions \$100.00	\$100.00
Last Name Cornish	First Name William			MI M	Cash	contribution: X Personal C v Order Credit/Deb	Theck 1106	oution ID #	Amount of Contribution
Residential Street Address 44 Mott Ave		City New Londo	'n		State CT	Zip Code 06320	Date Recei 06/25/2		
Principal Occupation landlord		Name of Emp self	loyer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	-	Yes X No		utor a lobbyist child of a lob res	byist?	Aggregate Con	ributions \$100.00	\$100.00

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILIN	G DUE DATE	
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name Clifford	First Name Carole			MI	Cash	contribution: X Personal C v Order Credit/Del	Check 1147	oution ID #	Amount of Contribution	
Residential Street Address 31 Eastland Dr		City Manchester			State CT	Zip Code 06042	Date Recei 06/25/2			
Principal Occupation teacher		Name of Employer AFTCT				Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Le	s X No gislative	dependent	utor a lobbyist child of a lob es	byist?	Aggregate Cont	ributions \$20.00	\$20.00	
Last Name Willis	First Name William			MI F	Cash	contribution: X Personal C v Order Credit/Del	Check 1175	oution ID #	Amount of Contribution	
Residential Street Address 30 Upland Meadow Rd		City Lakeville			State CT	Zip Code 06039	Date Recei 06/25/2			
Principal Occupation owner/insurance sales		Name of Employer Founder's Insur	ance Group			Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Le	s X No	dependent	utor a lobbyist child of a lob res	byist?	Aggregate Cont	ributions \$75.00	\$75.00	
Last Name Morin	First Name Joseph			MI R	Cash	contribution: X Personal C v Order Credit/Del	Theck 1184	oution ID #	Amount of Contribution	
Residential Street Address 8 West Street Ter		City Cromwell			State CT	Zip Code 06416	Date Recei 06/25/2			
Principal Occupation		Name of Employer				Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	s X No	dependent	utor a lobbyist child of a lob res	byist?	Aggregate Cont	ributions \$10.00	\$10.00	
Last Name Layton	First Name Robert			MI	Cash	contribution: X Personal C v Order Credit/Del	Theck 1108	oution ID #	Amount of Contribution	
Residential Street Address 37 Old Asylum Rd		City Lakeville			State CT	Zip Code 06039	Date Recei 06/25/2			
Principal Occupation lawyer		Name of Employer self				Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	s X No		utor a lobbyist child of a lob res	byist?	Aggregate Cont	ributions \$100.00	\$100.00	

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILIN	NG DUE DATE	
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name	First Name			MI	Method of	contribution:	Con	tribution ID #	Amount of	
jones	Anita	-		С	Cash Money	/ Order Credit/Deb	109	98	Contribution	
Residential Street Address		City			State	Zip Code	Date Re	ceived		
1778 Whitney Ave		Hamden			СТ	06517	06/25,	/2010		
Principal Occupation		Name of Er	mployer			Is this contribution associa fundraising event listed in		Yes		
reiki master		retired				If yes, list Event #	Section 71:	X No		
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist		Aggregate C	ontributions		
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob es			\$50.00	\$50.00	
Last Name	First Name			MI	Method of	contribution:		tribution ID #	Amount of	
Gorman	Benjamin			A	Cash Money	/ Order Credit/Deb	109	99	Contribution	
Residential Street Address		City			State	Zip Code	Date Re			
270 Willow St		Hamden			СТ	06514	06/25,	/2010		
Principal Occupation		Name of Er	mployer			Is this contribution associa fundraising event listed in		Yes		
retired		n/a				If yes, list Event #	Section J1?	X No		
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist		Aggregate C	ontributions	7	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob Tes			\$25.00	\$25.00	
Last Name	First Name			MI	Method of	contribution:	Con	tribution ID #	Amount of	
Hendel	Myron	-			Cash Money	/ Order Credit/Deb	110	03	Contribution	
Residential Street Address		City			State	Zip Code	Date Re	ceived		
16 Strand Rd		Waterfor	d		СТ		06/25,	/2010		
Principal Occupation		Name of Er				Is this contribution associa		Yes		
Executive		Hendel's	i Inc			fundraising event listed in If yes, list Event #	Section J1?	X No		
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist		Aggregate C	ontributions		
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		child of a lob es			\$100.00	\$100.00	
government the contract is with:	First Name	Executive	Legislative	мі	ı –	contribution:				
sanner	Paul			J	Cash	Personal C		tribution ID #	Amount of Contribution	
					Money	Order Credit/Deb	oit Card	04	_	
Residential Street Address		City			State	Zip Code	Date Re			
37 Grahaber Rd		Tolland			СТ		06/25,	/2010	4	
Principal Occupation		Name of Er	mployer			Is this contribution associa fundraising event listed in		Yes		
retired engineer		n/a				If yes, list Event #		X No		
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyist		Aggregate C	ontributions	7	
state contractor? Is yes, indicate which branch or branches of		n 2			child of a lob			\$100.00	\$100.00	
government the contract is with:		Executive	Legislative	Y L	'es X	NO				

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I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILING	G DUE DATE			
Merrill For Secretary Of The St	ate										
B. Itemized Contributions from Individuals											
Last Name Raia	First Name Joseph		MI	Cash	contribution:	1105	ion ID #	Amount of Contribution			
Residential Street Address		City		State	y Order Credit/Debi	Date Received					
97 W Main St Apt 10 Principal Occupation		Niantic Name of Employer		СТ	Is this contribution associat fundraising event listed in 1	Section J1?	Yes	-			
Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	If yes, list Event #	Aggregate Contrib	No No	-			
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	dependent	child of a lob res	byist?		\$25.00	\$25.00			
Last Name Matthews	First Name A. Cynthia	3	MI	Cash	contribution: X Personal Cl y Order Credit/Debi	1107	ion ID #	Amount of Contribution			
Residential Street Address 13 Riverside Dr		City Waterford		State CT	Zip Code	Date Received 06/25/201					
Principal Occupation retired		Name of Employer n/a		•	Is this contribution associat fundraising event listed in t If yes, list Event #	Section J1?	Yes				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyis child of a lob 'es X	byist?	Aggregate Contrib	utions \$75.00	\$75.00			
Last Name Morianos	First Name Patricia		MI H	Cash	contribution: X Personal Ch y Order Credit/Debi	1109	ion ID #	Amount of Contribution			
Residential Street Address 42 South Rd		City Bolton	•	State CT	Zip Code	Date Received 06/25/201					
Principal Occupation retired		Name of Employer n/a			Is this contribution associat fundraising event listed in 5 If yes, list Event #	Section 11?	Yes				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		utor a lobbyis child of a lob Yes X	byist?	Aggregate Contrib	utions \$50.00	\$50.00			
Last Name Perezi	First Name Vincent		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	1113	ion ID #	Amount of Contribution			
Residential Street Address 17 Dorset Rd		City New Britain		State CT	Zip Code 06052	Date Received 06/25/201					
Principal Occupation retired		Name of Employer n/a		•	Is this contribution associat fundraising event listed in t If yes, list Event #	Section J1?	Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No		utor a lobbyis child of a lob 'es X	byist?	Aggregate Contrib	utions \$25.00	\$25.00			

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILIN	G DUE DATE	
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name	First Name			MI		contribution:		tion ID #	Amount of	
Deak	Edward				Cash Money	V Order Credit/De	1116		Contribution	
Residential Street Address		City			State	Zip Code	Date Receiv	ed		
21 Harvester Rd		Monroe			СТ		06/25/20	10	ļ	
Principal Occupation teacher		Name of Er	nployer university			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es X	byist?	Aggregate Contr	butions \$10.00	\$10.00	
Last Name Tangarone	First Name Debra			MI	Cash	contribution: V Order Credit/De	Check 1117	tion ID #	Amount of Contribution	
Residential Street Address 12103 Town Walk Dr		^{City} Hamden			State CT	Zip Code 06518	Date Receiv 06/25/20			
Principal Occupation Administrator		Name of Er Church c	nployer of the Redeemer			Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es X	byist?	Aggregate Contr	butions \$25.00	\$25.00	
Last Name Duesing	First Name William			MI	Cash	contribution: X Personal C / Order Credit/De	Check 1118	tion ID #	Amount of Contribution	
Residential Street Address 593 Roosevelt Dr	1	City Oxford			State CT	Zip Code 06478	Date Receiv 06/25/20			
Principal Occupation		Name of Er	nployer		!	Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es X	byist?	Aggregate Contr	butions \$50.00	\$50.00	
Last Name	First Name			MI	Method of	contribution:		tion ID #	Amount of	
Sheehy	Peg				Cash Money	/ Order Credit/De	1119		Contribution	
Residential Street Address 31 Meadowbrook Pl .		City Naugatud			State CT	Zip Code 06770	Date Receiv 06/25/20			
Principal Occupation		Name of Er			ļ <u>.</u>	Is this contribution associ fundraising event listed ir If yes, list Event #	ated with a	Yes X No	+	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyis child of a lob 'es X	byist?	Aggregate Contr	butions \$35.00	\$35.00	

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILIN	G DUE DATE	
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name	First Name			MI	Method of	contribution:		tribution ID #	Amount of	
Monaco	Ralph			J	Cash Money	/ Order Credit/Deb	112	22	Contribution	
Residential Street Address		City			State	Zip Code	Date Rec	eived		
26 Birch Mill Trl		Essex			СТ	06426	06/25/	2010		
Principal Occupation		Name of E				Is this contribution associa fundraising event listed in		Yes		
attorney		Conway	& Londregan, P.C	_		If yes, list Event #	Section 31?	X No		
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist		Aggregate Co	ontributions		
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob Zes			\$100.00	\$100.00	
Last Name	First Name			MI		contribution:		tribution ID #	Amount of	
Bove	Sandra			Ρ	Cash Money	V Order Credit/Deb	112	23	Contribution	
Residential Street Address		City			State	Zip Code	Date Rec			
206 N Shore Rd		Dayville			СТ		06/25/	2010	4	
Principal Occupation		Name of E	mployer			Is this contribution associa fundraising event listed in		Yes		
retired educator		n/a				If yes, list Event #	beenon y r	X No		
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggregate Co	ontributions	1	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob Yes			\$20.00	\$20.00	
Last Name	First Name			MI	Method of	contribution:	Cont	tribution ID #	Amount of	
Mickus	Stanley	-		W	Cash Money	V Order Credit/Deb	112	27	Contribution	
Residential Street Address		City			State	Zip Code	Date Rec	eived		
12 Hinckley St		Mystic			СТ	06335	06/25/	2010		
Principal Occupation		Name of E	1 2			Is this contribution associa		Yes		
public affairs		cross so	und ferry services			fundraising event listed in If yes, list Event #	Section J1?	X No		
Is contributor a principal of a state contractor	or prospective	-	Yes X No		utor a lobbyist		Aggregate Co	ontributions	1	
state contractor? Is yes, indicate which branch or branches of		E ć			child of a lob es			\$100.00	\$100.00	
government the contract is with:		Executive	Legislative		ı –				1	
Last Name MacMurray	First Name Richard			MI	Method of Cash	contribution:	heck	tribution ID #	Amount of Contribution	
hacharay	Richard	-				Order Credit/Deb	112	28	Contribution	
Residential Street Address		City			State	Zip Code	Date Rec	ceived		
165 Ingham Hill Rd		Old Sayb	prook		СТ		06/25/	2010	1	
Principal Occupation		Name of E	mployer			Is this contribution associa		Yes		
VP		cross so	und ferry			fundraising event listed in If yes, list Event #	Section J1?	X No		
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist		Aggregate Co	ontributions		
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	dependent	child of a lob es			\$100.00	\$100.00	
government the contract is with:		LACCULIVE				110				

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILIN	G DUE DATE	
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name	First Name			MI	Method of	contribution:	Contri	bution ID #	Amount of	
Karr	John			E	Cash Money	V Order Credit/Deb	1129)	Contribution	
Residential Street Address		City			State	Zip Code	Date Rece	ved		
191 Smith Ridge Rd		New Can	aan		СТ		06/25/2	010		
Principal Occupation Partner		Name of Er Ernst &				Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es X	byist?	Aggregate Cor	tributions \$100.00	\$100.00	
Last Name Aronow	First Name Michael			MI	Cash	contribution: X Personal C / Order Credit/Deb	heck 1130	bution ID #	Amount of Contribution	
Residential Street Address		City			State	Zip Code	Date Rece	ved	1	
36 Braintree Dr		West Ha	tford		СТ		06/25/2	010		
Principal Occupation Physician		Name of Er UConn H	nployer lealth center			Is this contribution associa fundraising event listed in If yes, list Event #		Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es X	byist?	Aggregate Con	tributions \$50.00	\$50.00	
Last Name	First Name			MI	Method of	contribution:	Contri	bution ID #	Amount of	
Wakely	Thomas			J	Cash Money	/ Order Credit/Deb	1131		Contribution	
Residential Street Address		City			State	Zip Code	Date Rece	ved		
26 Bayberry Ln		Lisbon			СТ		06/25/2	010	1	
Principal Occupation retired state trooper		Name of Er n/a	nployer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes X	byist?	Aggregate Con	tributions \$25.00	\$25.00	
Last Name	First Name			MI	Method of	contribution:	Contri	bution ID #	Amount of	
Jasienrecke	Gloria				Cash Money	V Order Personal C	heck 1172		Contribution	
Residential Street Address		City			State	Zip Code	Date Rece	ved		
140 Flagg Rd Unit 2		West Ha	tford		СТ	06117	06/25/2	010	1	
Principal Occupation retired teacher		Name of Er n/a	mployer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyis child of a lob ⁷ es X	byist?	Aggregate Con	tributions \$5.00	\$5.00	

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The State									
B. Itemized Contributions from Individuals									
Last Name Kellner	First Name Jane			MI B	Cash	contribution: X Personal C Order Credit/Del	Theck 1173	ution ID #	Amount of Contribution
Residential Street Address 17 The Lock Up # 162	L	City Salisbury	,		State CT	Zip Code	Date Recei 06/25/2		
Principal Occupation graphic designer		Name of Er self	nployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyis child of a lob ⁷ es X	byist?	Aggregate Cont	ributions \$50.00	\$50.00
Last Name Pogue	First Name Barbara			MI	Cash	contribution: X Personal C v Order Credit/Del	Check 1176	ution ID #	Amount of Contribution
Residential Street Address 53 Upland Meadow Rd		^{City} Lakeville			State CT	Zip Code 06039	Date Recei 06/25/2		
Principal Occupation retired		Name of Ei n/a	nployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es X	byist?	Aggregate Cont	ributions \$25.00	\$25.00
Last Name Stone	First Name Robert			MI	Cash	contribution: X Personal C / Order Credit/Del	Theck 1178	ution ID #	Amount of Contribution
Residential Street Address 232 Lake Ave		City Bristol			State CT	Zip Code	Date Recei 06/25/2		
Principal Occupation custodian		Name of Er Bland Pr	^{nployer} ecison Threaded Pro	ducts	•	Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes X	byist?	Aggregate Cont	ributions \$20.00	\$20.00
Last Name Schrager	First Name Joshua			MI W	Cash	contribution: X Personal C y Order Credit/Del	Check 1179	ution ID #	Amount of Contribution
Residential Street Address 19501 W Country Club Dr # 1504		City Aventura			State FL	Zip Code 33180	Date Recei 06/25/2		
Principal Occupation		Name of Er SB Muni	nployer cipal LLC			Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyis child of a lob 'es X	byist?	Aggregate Cont	ributions \$100.00	\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name	First Name		MI	Method of	contribution:	Contribut	ion ID #	Amount of	
Fox	Gerald			Cash Money	y Order Credit/Deb	1189		Contribution	
Residential Street Address		City		State	Zip Code	Date Received	1		
66 Fairviewave		Stamford		СТ	06902	06/25/201	.0	ļ	
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Yes		
Attorney		Fox & Fox LLP			If yes, list Event #		x No		
Is contributor a principal of a state contractor	or prospective	Yes X No		butor a lobbyis	-	Aggregate Contrib	outions		
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		tt child of a lob Yes X	-	\$	100.00	\$100.00	
Last Name	First Name		MI		contribution:	Contribut	ion ID #	Amount of	
Galbraith	Marie			Cash Money	y Order Credit/Deb	1136		Contribution	
Residential Street Address		City		State	Zip Code	Date Received			
290 Walnut Hill Rd		Thomaston		СТ		06/25/201	.0	ļ	
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Yes		
director		Mattatuck Museum			If yes, list Event #		x No		
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		butor a lobbyis	-	Aggregate Contrib	outions		
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		tt child of a lob Yes	-	\$	100.00	\$100.00	
Last Name	First Name		MI	Method of	contribution:	Contribut	ion ID #	Amount of	
Frenaye	Thomas		w	Cash Money	y Order Credit/Deb	1137		Contribution	
Residential Street Address		City		State	Zip Code	Date Received	1		
489 Warnertown Rd		West Suffield		СТ		06/25/201	.0	ļ	
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Yes		
owner		Frenaye Assoc.			If yes, list Event #		× No		
Is contributor a principal of a state contractor	or prospective	Yes X No		butor a lobbyis		Aggregate Contrib	outions		
state contractor? Is yes, indicate which branch or branches of		Executive Legislative		t child of a lob Yes	-		\$50.00	\$50.00	
government the contract is with:				1					
Last Name Cuddy	First Name William		MI H	Cash	contribution: X Personal Cl y Order Credit/Deb	1138	ion ID #	Amount of Contribution	
Residential Street Address		City			Zip Code	Date Received	4	1	
10 Hamburg Rd		East Haddam		State CT	Lip Code	06/25/201			
Principal Occupation		Name of Employer		-	Is this contribution associa		Yes		
none		none			fundraising event listed in If yes, list Event #	Section J1?	× No		
Is contributor a principal of a state contractor	or prospective	Yes X No		butor a lobbyis	-	Aggregate Contrib	outions	1	
state contractor? Is yes, indicate which branch or branches of		ь <i>с</i> П		t child of a lob	-		\$25.00	\$25.00	
government the contract is with:		Executive Legislative		Yes X	NO				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name	First Name			MI	Method of	contribution:		ibution ID #	Amount of
Perkins	Joseph				Cash	y Order Personal C Credit/Deb	114)	Contribution
Residential Street Address		City			State	Zip Code	Date Rece	ived	1
55 Carriage Hill Dr		Niantic			СТ	06357	06/25/2	2010	1
Principal Occupation		Name of Er	mployer			Is this contribution associa fundraising event listed in		Yes	
retired		n/a				If yes, list Event #	Section J1?	X No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist	-	Aggregate Co	tributions	1
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob Yes			\$20.00	\$20.00
Last Name	First Name			MI	Method of	contribution:	Contr	ibution ID #	Amount of
Cavanagh	Kevin			J	Cash	y Order Personal C Credit/Deb	114	3	Contribution
Residential Street Address	-	City			State	Zip Code	Date Rece	ived]
14 Greenway Rd		New Lon	don		СТ		06/25/2	2010	1
Principal Occupation		Name of Er	mployer			Is this contribution associa fundraising event listed in		Yes	
retired		n/a				If yes, list Event #	Section 31?	X No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist	-	Aggregate Co	ntributions	1
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob res			\$25.00	\$25.00
Last Name	First Name			MI	Method of	contribution:	Contr	ibution ID #	Amount of
Stanley	Meghan			м	Cash Money	y Order Credit/Deb	114	3	Contribution
Residential Street Address		City			State	Zip Code	Date Rece	ived	
38 High Ridge Dr		Waterfor	d		СТ	06385	06/25/2	2010	1
Principal Occupation		Name of E				Is this contribution associa fundraising event listed in		Yes	
Bartender		Hot Rod	Cafe			If yes, list Event #	Section 31	X No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist		Aggregate Cor	tributions	1
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		child of a lob es			\$100.00	\$100.00
government the contract is with:		Executive	Legislative		ı –		1		
Last Name Chichester	First Name Rodney			MI	Method of Cash	contribution:	heck	ibution ID #	Amount of Contribution
	- /					y Order Credit/Deb	bit Card	7	
Residential Street Address		City			State	Zip Code	Date Rece		
118 State St		New Lon	don		СТ	06320	06/25/2	2010	4
Principal Occupation		Name of Er Hot Rod				Is this contribution associa fundraising event listed in		Yes	
Manager						If yes, list Event #		X No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist	-	Aggregate Co	tributions]
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	dependent	child of a lob es			\$100.00	\$100.00
government the contract is with:					~ 🗆				1

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name	First Name			MI		contribution:		oution ID #	Amount of
Cornish	Mark				Cash Money	y Order Personal Credit/De	1150		Contribution
Residential Street Address		City		•	State	Zip Code	Date Recei	ved	-
33 Briar Ln		Norwich			СТ		06/25/2	010	
Principal Occupation		Name of En			•	Is this contribution associ fundraising event listed in		Yes	
counselor		state of (CT			If yes, list Event #	Section 51	X No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggregate Con	ributions	1
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob res			\$100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	Contri	oution ID #	Amount of
Jones	Tod				Cash Money	y Order X Credit/De	Theck 1329		Contribution
Residential Street Address		City			State	Zip Code	Date Rece	ved	
12 Locust Ln		Kent			СТ	06757	06/26/2	010	
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es X	byist?	Aggregate Con	ributions \$10.00	\$10.00
Last Name	First Name			MI	Method of	contribution:	Contri	oution ID #	Amount of
Parker	David				Cash Money	y Order X Credit/De	1330		Contribution
Residential Street Address		City			State	Zip Code	Date Recei		
80 N Main St # 5B-2		Kent			СТ	06757	06/26/2	010	_
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggregate Con	ributions]
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob res			\$25.00	\$25.00
Last Name	First Name			MI		contribution:		oution ID #	Amount of
Leone	Carlo				Cash Money	y Order X Credit/De	1331		Contribution
Residential Street Address		City			State	Zip Code	Date Recei		
88 Houston Ter		Stamford			СТ	06902	06/27/2	010	_
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of			Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggregate Con	ributions \$50.00	\$50.00
government the contract is with:		Executive	Legislative	Y	'es X	No			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name Bozena	First Name Carol		MI	Cash	contribution: Personal Ch / Order X Credit/Debi	1332	ion ID #	Amount of Contribution	
Residential Street Address 514 Mt Parnassus Rd		City East Haddam		State CT	Zip Code 06423	Date Received 06/27/201			
Principal Occupation		Name of Employer			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist child of a lob /es	byist?	Aggregate Contrib	utions 100.00	\$100.00	
Last Name O'Brien	First Name Tim		MI	Cash	contribution: X Personal Ch / Order Credit/Debi	1072	ion ID #	Amount of Contribution	
Residential Street Address 25 S High St		City New Britain		State CT	Zip Code 06037	Date Received 06/28/201			
Principal Occupation legislator		Name of Employer state of CT		•	Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate Contrib	utions \$10.00	\$10.00	
Last Name Geragosian	First Name Harriet		MI	Cash	contribution: X Personal Ch / Order Credit/Debi	1074	ion ID #	Amount of Contribution	
Residential Street Address 33 Ricano Rd		^{City} New Britain		State CT	Zip Code 06053	Date Received 06/28/201			
Principal Occupation real estate		Name of Employer self			Is this contribution associat fundraising event listed in S If yes, list Event #	Section 11?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob 'es	byist?	Aggregate Contrib	utions \$50.00	\$50.00	
Last Name Woodie	First Name Laura		MI	Cash	contribution: X Personal Ch v Order Credit/Debi	1080	ion ID #	Amount of Contribution	
Residential Street Address 26 Logan St		^{City} New Britain		State CT	Zip Code 06051	Date Received 06/28/201			
Principal Occupation		Name of Employer		•	Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob Yes X	byist?	Aggregate Contrib	utions \$30.00	\$30.00	

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
B. Itemized Contributions from Individuals									
Last Name	First Name		1	MI	Method of c	contribution:	Cont	ribution ID #	Amount of
Cuin	Francis		(0	Cash Money	Order Personal C	108	3	Contribution
Residential Street Address		City			State	Zip Code	Date Rec	eived	
139 Monroe St		New Britain			СТ	06052	06/28/	2010	
Principal Occupation		Name of Employer				Is this contribution associ fundraising event listed in If yes, list Event #		Yes Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No			ttor a lobbyist child of a lobl es X	byist?	Aggregate Co	ntributions \$25.00	\$25.00
Last Name DeBear	First Name Larrye]	MI	Method of c Cash Money	X Personal C	Theck 108	ribution ID # 9	Amount of Contribution
Residential Street Address		City			State	Zip Code	Date Rec	eived	
909 Highlanddrive		Rocky Hill			СТ	06067	06/28/	2010	
Principal Occupation realtor		Name of Employer Prudential CT realty		-		Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive			ttor a lobbyist child of a lobl es	byist?	Aggregate Co	ntributions \$50.00	\$50.00
Last Name	First Name		1	MI	Method of c	contribution:	Cont	ribution ID #	Amount of
Nelson	Lorraine				Cash Money	Order Credit/Del	109	0	Contribution
Residential Street Address		City			State	Zip Code	Date Rec	eived	
18 Basketshop Rd		Hebron			СТ	06248	06/28/	2010	1
Principal Occupation		Name of Employer retired				Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive			ttor a lobbyist child of a lobl es X	byist?	Aggregate Co	ntributions \$5.00	\$5.00
Last Name	First Name			MI	Method of c	contribution:	Cont	ribution ID #	Amount of
Reid	Theresa				Cash Money	Order Personal Credit/Del	Theck 109		Contribution
Residential Street Address		City			State	Zip Code	Date Rec	eived	
101 Hazelmere Rd		New Britain			СТ		06/28/	2010	1
Principal Occupation unemployed		Name of Employer n/a		-		Is this contribution associ fundraising event listed in If yes, list Event #		Yes Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive			itor a lobbyist child of a lobl es X	byist?	Aggregate Co	ntributions \$25.00	\$25.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE	NAME OF COMMITTEE FILING E								G DUE DATE
Merrill For Secretary Of The St	ate								
		B. Itemized	Contributio	ons from	Individu	lals			
Last Name Vazquez	First Name Sammy			MI	X Cash	contribution: Personal C v Order Credit/Deb	1094	tion ID #	Amount of Contribution
Residential Street Address 58 Hendricksen Ave Apt B		City Hartford			State CT	Zip Code 06106	Date Receive		
Principal Occupation social worker		Name of Employer R.E.M.				Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Leg	X No	dependent	itor a lobbyist child of a lob es	byist?	Aggregate Contri	butions \$25.00	\$25.00
Last Name Dautaj	First Name Ilva			MI	Method of o X Cash Money	contribution: Personal C Order Credit/Det	1095	tion ID #	Amount of Contribution
Residential Street Address 725 Farmington Ave		City Hartford			State CT	Zip Code 06114	Date Receive 06/28/20		
Principal Occupation Name of Employer Clinical Trial Assoc. Bristol-Myers Squib						Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Leg	X No	dependent	utor a lobbyist child of a lob es	byist?	Aggregate Contri	butions \$25.00	\$25.00
Last Name Atkin	First Name John			MI	Cash	contribution: X Personal C v Order Credit/Deb	1048	tion ID #	Amount of Contribution
Residential Street Address 122 Silvermine Ave		City Norwalk			State CT	Zip Code 06850	Date Receive 06/28/20		
Principal Occupation marketer		Name of Employer self				Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Leg			itor a lobbyist child of a lob es	byist?	Aggregate Contri	butions \$25.00	\$25.00
Last Name Sanchez	First Name Robert			MI	Cash	contribution: X Personal C v Order Credit/Det	^{Theck} 1079	tion ID #	Amount of Contribution
Residential Street Address 269 Washington St		City New Britain			State CT	Zip Code 06051	Date Receive 06/28/20		
Principal Occupation Social Services Manager		Name of Employer HRA of NE CT				Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive			utor a lobbyist child of a lob es X	byist?	Aggregate Contri	butions \$100.00	\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FII	LING DUE DATE
Merrill For Secretary Of The St	ate								
		B. It	emized Contributi	ons from	ı Individu	ials			
Last Name	First Name			MI	Method of	contribution:		ontribution ID	# Amount of
Palmer	Mark			A	Cash	V Order Credit/Deb	1 10	071	Contribution
Residential Street Address		City			State	Zip Code	Date R	Received	
198 Jared Sparks Rd		Willingto	n		СТ	06279	06/2	8/2010	
Principal Occupation		Name of Er	nployer			Is this contribution associa fundraising event listed in		Yes	s
software developer		self				If yes, list Event #	Section 31?	X No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggregate	Contributions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob Zes			\$40.0	00 \$40.00
Last Name	First Name			MI	Method of	contribution:		ontribution ID	# Amount of
Cowden	Marla				Cash Money	Order X Credit/Deb	1.	335	Contribution
Residential Street Address		City			State	Zip Code	Date R	Received	
3 Laurel Ln		Westport	:		СТ	06880	06/2	8/2010	
Principal Occupation Name of Employer						Is this contribution associa fundraising event listed in If yes, list Event #		Yes Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob ′es X	byist?	Aggregate	Contributions \$10.0	
Last Name	First Name			MI	Method of	contribution:	Co	ontribution ID	# Amount of
Cowden	Edward				Cash Money	/ Order X Credit/Deb	13	336	Contribution
Residential Street Address		City			State	Zip Code	Date R	Received	
3 Laurel Ln		Westport			СТ	06880	06/2	8/2010	
Principal Occupation		Name of Er	nployer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes Yes	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob		Aggregate	Contributions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res X			\$10.0	00 \$10.00
Last Name	First Name			MI	Method of	contribution:		ontribution ID	# Amount of
Bloom	Anne				Cash Money	V Order Credit/Deb	10	051	Contribution
Residential Street Address		City			State	Zip Code		Received	
5 Fifth St		Norwalk			СТ	06855	06/2	8/2010	
Principal Occupation Office manager		Name of Er select pl	nployer astics LLC			Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$10.0	
government the contract is with:		Executive	Legislative	Ц	'es X	No			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILING	G DUE DATE
Merrill For Secretary Of The St	ate							
		B. Itemized Contribut	ions fron	ı Individu	ials			
Last Name Boukus	First Name Gary		MI M	Cash	contribution: X Personal Ch / Order Credit/Debi	1077	ion ID #	Amount of Contribution
Residential Street Address 43 Hollyberry Ln		^{City} Plainville		State CT	Zip Code 06062	Date Received 06/28/201		
Principal Occupation retired		Name of Employer n/a			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es	byist?	Aggregate Contrib	sutions \$50.00	\$50.00
Last Name Klinck	First Name Mary Eller	1	МІ	Cash	contribution: X Personal Ch / Order Credit/Debi	1093	ion ID #	Amount of Contribution
Residential Street Address 2 Broom Rd		City East Haddam		State CT	Zip Code 06423	Date Received 06/28/201		
Principal Occupation Name of Employer real estate C 21 Realty Agency				•	Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate Contrib	outions \$50.00	\$50.00
Last Name McNamara	First Name John		MI	X Cash	contribution: Personal Ch / Order Credit/Debi	1084	ion ID #	Amount of Contribution
Residential Street Address 56 Brighton St		^{City} New Britain		State CT	Zip Code 06053	Date Received 06/28/201		
Principal Occupation Dir. of Advancement		Name of Employer Cap. Community College			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate Contrib	outions \$20.00	\$20.00
Last Name Russo	First Name Daniel		MI P	Cash	contribution: X Personal Ch v Order Credit/Debi	1044	ion ID #	Amount of Contribution
Residential Street Address 78 Hawks Nest Cir		^{City} Middletown		State CT	Zip Code 06457	Date Received 06/28/201		
Principal Occupation		Name of Employer			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No		utor a lobbyist child of a lob Yes	byist?	Aggregate Contrib	outions \$50.00	\$50.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILING	G DUE DATE
Merrill For Secretary Of The St	ate							
		B. Itemized Contribut	ions from	ı Individu	ıals			
Last Name	First Name		MI	Method of	contribution:	Contribut	ion ID #	Amount of
Kovacs	David		R	Cash	y Order Personal Ch Credit/Debi	1076		Contribution
Residential Street Address	-	City		State	Zip Code	Date Received	1	
580 Broadview Ter		Hartford		СТ	06106	06/28/201	0	
Principal Occupation		Name of Employer			Is this contribution associat		Yes	
retired		n/a			fundraising event listed in S If yes, list Event #		< No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyist	-	Aggregate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		child of a lob Tes	-		\$50.00	\$50.00
Last Name	First Name		MI	Method of	contribution:	Contribut	ion ID #	Amount of
DeFronzo	Diane			Cash Money	V Order Credit/Debi	1086		Contribution
Residential Street Address		City		State	Zip Code	Date Received	1	
9 Bedford St		New Britain		СТ	06051	06/28/201	0	
Principal Occupation		Name of Employer			Is this contribution associat		Yes	
Social Worker Hospital of Central CT					fundraising event listed in S If yes, list Event #		< No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyist		Aggregate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		child of a lob Yes	-		\$25.00	\$25.00
Last Name	First Name		MI	Method of	contribution:	Contribut	ion ID #	Amount of
Bielinkski	Suzanne			Cash Money	V Order Credit/Debi	1082		Contribution
Residential Street Address		City		State	Zip Code	Date Received	1	
544 Corbin Ave		New Britain		СТ	06052	06/28/201	0	
Principal Occupation		Name of Employer			Is this contribution associat fundraising event listed in S		Yes	
contract negotiator		CIGNA			If yes, list Event #		< No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyist		Aggregate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of		л. с. П. н.с.		child of a lob es	-		\$15.00	\$15.00
government the contract is with:		Executive Legislative		ı –				
Last Name Black	First Name Shirley		MI	Method of Cash	contribution:	Contribut	ion ID #	Amount of Contribution
Diack	Shiney	-			y Order	1081		Contribution
Residential Street Address		City		State	Zip Code	Date Received	1	
301 Tremont St Apt 3		New Britain		СТ	06051	06/28/201	0	
Principal Occupation		Name of Employer			Is this contribution associat		Yes	
retired		n/a			fundraising event listed in S If yes, list Event #		< No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis	-	Aggregate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of		Executive Legislative	dependent	child of a lob es			\$25.00	\$25.00
government the contract is with:		Executive Legislative		cs 🔼	1NU			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
		B. Ite	emized Contributi	ons from	ı Individu	ials			
Last Name	First Name			MI		contribution:		ution ID #	Amount of
Clark	Marjorie				Cash Money	y Order Personal C Credit/De	1069		Contribution
Residential Street Address		City			State	Zip Code	Date Receiv	ed	
113 Dunn Rd		Hamden			СТ	06518	06/28/20	010	-
Principal Occupation Web Designer		Name of En Little Fisl	nployer h Studios			Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate Contr	ibutions \$100.00	\$100.00
Last Name Kochol	First Name Peter			MI	Cash	contribution: X Personal C y Order Credit/De	Theck 1073	ution ID #	Amount of Contribution
Residential Street Address 97 Harrison St		City New Brita	in		State CT	Zip Code 06052	Date Receiv 06/28/20		
Principal Occupation Name of Employer state of ct						Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contr	ibutions \$50.00	\$50.00
Last Name Horton	First Name Barnaby			MI W	Cash	contribution: X Personal C y Order Credit/De	Check 1085	ution ID #	Amount of Contribution
Residential Street Address 12 High Point Ln		City West Har	tford		State CT	Zip Code 06107	Date Receiv 06/28/20		
Principal Occupation Financial Advisor		Name of En Merrill Ly			•	Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate Contr	ibutions \$100.00	\$100.00
Last Name Polanski	First Name Gregory			MI	Cash	contribution: Personal C y Order X Credit/De	Theck 1334	ution ID #	Amount of Contribution
Residential Street Address 108 Allen Avenue Ext		^{City} Meriden			State CT	Zip Code 06451	Date Receiv 06/28/20		
Principal Occupation		Name of En	nployer		•	Is this contribution associ fundraising event listed ir If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	_	Executive	Yes X No		utor a lobbyist child of a lob Yes	byist?	Aggregate Contr	ibutions \$25.00	\$25.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
		B. Itemized Cont	ribution	s from	Individu	als		•	
Last Name Stewart	First Name Troy		M C	ИI С	Method of c Cash Money	ontribution: X Personal C Order Credit/Del	Theck 1096	ition ID #	Amount of Contribution
Residential Street Address 182 Harold St	-	City Hartford			State CT	Zip Code	Date Receiv 06/28/20		
Principal Occupation Recreation Div. Manager		Name of Employer City of Hartford HHS/R	ecreation	1		Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative			tor a lobbyist child of a lobl es X	byist?	Aggregate Contr	ibutions \$25.00	\$25.00
Last Name Masi	First Name Holly		N	ЛI	Method of c Cash Money	X Personal C	^{Theck} 1070	ition ID #	Amount of Contribution
Residential Street Address 3224 Whitney Ave Unit 504		City Hamden			State CT	Zip Code	Date Receiv 06/28/20		
Principal Occupation Name of Employer Zoning Enforcement Officer Town of Hamden						Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive			tor a lobbyist child of a lobl es X	byist?	Aggregate Contr	ibutions \$25.00	\$25.00
Last Name Smyth	First Name Barbara		N	ЛI	Method of c Cash Money	Personal C	Theck 1333	ition ID #	Amount of Contribution
Residential Street Address 19 Homestead Ave	-	^{City} New Britain			State CT	Zip Code 06053	Date Receiv 06/28/20		
Principal Occupation		Name of Employer				Is this contribution associ fundraising event listed in If yes, list Event #	Section 11?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive			tor a lobbyist child of a lobl es X	byist?	Aggregate Contr	ibutions \$5.00	\$5.00
Last Name Harper	First Name Joseph		M H	лі Н	Method of c Cash Money	X Personal C	^{Theck} 1078	ition ID #	Amount of Contribution
Residential Street Address 79 Rosewood Ln		^{City} Berlin			State CT	Zip Code 06037	Date Receiv 06/28/20		ļ
Principal Occupation real estate		Name of Employer semi-retired				Is this contribution associ fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative			tor a lobbyist child of a lobl es X	oyist?	Aggregate Contr	ibutions \$100.00	\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Merrill For Secretary Of The St	ate								
		B. Itemized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name		MI	Method of	contribution:	Contribut	ion ID #	Amount of	
DeFronzo	Donald			Cash Money	y Order Credit/Debi	1087		Contribution	
Residential Street Address		City		State	Zip Code	Date Received	1		
9 Bedford St		New Britain		СТ		06/28/201	.0	ļ	
Principal Occupation		Name of Employer			Is this contribution associat fundraising event listed in S		Yes		
legislator		state of ct			If yes, list Event #		K No		
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggregate Contrib	outions]	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		child of a lob es			\$25.00	\$25.00	
Last Name	First Name		MI	Method of	contribution:	Contribut	ion ID #	Amount of	
Gerratana	Greg			Cash Money	y Order Credit/Debi	1088		Contribution	
Residential Street Address		City		State	Zip Code	Date Received	1		
111 Brookside Rd		New Britain		СТ	06052	06/28/201	.0	ļ	
Principal Occupation		Name of Employer			Is this contribution associat		Yes		
legislative aide state of ct					fundraising event listed in S If yes, list Event #		No		
					Aggregate Contrib	outions]		
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		child of a lob Yes			\$50.00	\$50.00	
Last Name	First Name		MI	Method of	contribution:	Contribut	ion ID #	Amount of	
Kaeser	Karen		S	Cash Money	y Order Personal Ch Credit/Debi	1091		Contribution	
Residential Street Address		City		State	Zip Code	Date Received	1		
14 Richard St		West Hartford		СТ	06119	06/28/201	0		
Principal Occupation		Name of Employer		-	Is this contribution associat		Yes		
pharmacist		st francis hospital			fundraising event listed in S If yes, list Event #		K No		
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggregate Contrib	utions	Ī	
state contractor? Is yes, indicate which branch or branches of				child of a lob es			\$25.00	\$25.00	
government the contract is with:		Executive Legislative		ı –				1	
Last Name Brown-Springer	First Name Geraldine		MI	Method of Cash	contribution: X Personal Ch	Contributi	ion ID #	Amount of Contribution	
brown opiniger	Geralallie				y Order Credit/Debi	1075		Contribution	
Residential Street Address		City		State	Zip Code	Date Received	1		
15 Brookside Rd		New Britain		СТ		06/28/201	0	ļ	
Principal Occupation Name of Employer					Is this contribution associat		Yes		
retired		n/a			fundraising event listed in S If yes, list Event #		K No		
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggregate Contrib	outions		
state contractor? Is yes, indicate which branch or branches of		Executive Legislative	dependent	child of a lob es			\$50.00	\$50.00	
government the contract is with:		Executive Legislative			110				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Merrill For Secretary Of The St	ate								
		B. Itemized Contributi	ons from	ı Individu	ials				
Last Name	First Name		MI	Method of	contribution:	Contribut	ion ID #	Amount of	
Russo	Judith		н	Cash Money	y Order Credit/Debi	1043		Contribution	
Residential Street Address		City		State	Zip Code	Date Received	1		
78 Hawks Nest Rd		Middletown		СТ	06457	06/28/201	.0	ļ	
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		utor a lobbyist child of a lob 'es	byist?	Aggregate Contrib	outions \$50.00	\$50.00	
Last Name Franklin	First Name Daisy		MI	X Cash	contribution: Personal Cl y Order Credit/Debi	1045	ion ID #	Amount of Contribution	
Residential Street Address		City		State	Zip Code	Date Received	1		
82 S Main St		Norwalk		СТ	06854	06/28/201	.0		
Principal Occupation Name of Employer					Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate Contrib	outions \$10.00	\$10.00	
Last Name	First Name		MI		contribution:	Contribut	ion ID #	Amount of	
Talbot	Danise			Cash Money	y Order Personal Cl	1046		Contribution	
Residential Street Address		City		State	Zip Code	Date Received			
41 Seaview Ave		Norwalk		СТ	06855	06/28/201	.0	-	
Principal Occupation		Name of Employer Lillian August Designs			Is this contribution associa fundraising event listed in If yes, list Event #	Section 11?	Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate Contrib	outions \$5.00	\$5.00	
government the contract is with:	First Name		мі	1	contribution:	Contribut	ion ID #		
Frank	Louise			Cash	x Personal Cl y Order Credit/Debi	neck 1047	1011 112 #	Amount of Contribution	
Residential Street Address		City		State	Zip Code	Date Received	1		
15 East Mdw		Norwalk		СТ	06851	06/28/201	.0	ļ	
Principal Occupation retired		Name of Employer n/a			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of		Yes X No		utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contrib	outions \$25.00	\$25.00	
government the contract is with:								I	

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE FILING I							G DUE DATE		
Merrill For Secretary Of The St	ate								
		B. Itemized Contribut	ions fron	ı Individu	ials		•		
Last Name Duleep	First Name Anna		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	1049	ion ID #	Amount of Contribution	
Residential Street Address 3 Briarwood Rd		City Norwalk		State CT	Zip Code	Date Received 06/28/201			
Principal Occupation teacher		Name of Employer self-duleep educational coac	hng		Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggregate Contrib	utions \$5.00	\$5.00	
Last Name Hamilton	First Name Taylor		MI	X Cash	contribution: Personal Cl y Order Credit/Deb	1050	ion ID #	Amount of Contribution	
Residential Street Address 5 Overlook Rd		City Norwalk		State CT	Zip Code	Date Received 06/28/201			
Principal Occupation Name of Employer				•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyis child of a lob /es X	byist?	Aggregate Contrib	utions \$5.00	\$5.00	
Last Name Duff	First Name Bob		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	1052	ion ID #	Amount of Contribution	
Residential Street Address 50 Toilsome Ave		^{City} Norwalk		State CT	Zip Code	Date Received 06/29/201			
Principal Occupation realtor/legislator		Name of Employer self/state of CT			Is this contribution associa fundraising event listed in If yes, list Event #	Section 11?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		utor a lobbyis t child of a lob Yes	byist?	Aggregate Contrib	utions \$25.00	\$25.00	
Last Name Jaeger	First Name David		MI L	Cash	contribution: X Personal Cl y Order Credit/Debi	1056	ion ID #	Amount of Contribution	
Residential Street Address 10 Prospect St Unit 6		^{City} Norwalk		State CT	Zip Code 06851	Date Received 06/29/201			
Principal Occupation banker		Name of Employer People's United Bank			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No		utor a lobbyis t child of a lob Yes X	byist?	Aggregate Contrib	utions \$10.00	\$10.00	

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Merrill For Secretary Of The St	ate								
		B. Itemized Contribu	tions from	ı Individu	ials				
Last Name Garfunkel	First Name Andy		MI	Cash	contribution:	Contribut	ion ID #	Amount of Contribution	
Residential Street Address		City		Money State	y Order Credit/Deb Zip Code	it Card Date Received	1		
41 Bean St		Norwalk		СТ	06850	06/29/201	.0	ļ	
Principal Occupation town clerk		Name of Employer city of norwalk			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contrib	outions \$25.00	\$25.00	
Last Name Kozlark	First Name Margaret		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	1060	ion ID #	Amount of Contribution	
Residential Street Address 15 Three Seasons Ln	•	City Norwalk		State CT	Zip Code 06851	Date Received 06/29/201			
Principal Occupation Name of Employer n/a					Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate Contrib	outions \$5.00	\$5.00	
Last Name Negroni	First Name Lirio		MI K	Cash	contribution: X Personal Cl y Order Credit/Debi	1065	ion ID #	Amount of Contribution	
Residential Street Address 47 Sawmill Xing		City Wethersfield		State CT	Zip Code 06109	Date Received 06/29/201			
Principal Occupation assoc. professor		Name of Employer UConn			Is this contribution associa fundraising event listed in If yes, list Event #	Section 11?	Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate Contrib	outions \$20.00	\$20.00	
Last Name Boerst	First Name Joe		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	1053	ion ID #	Amount of Contribution	
Residential Street Address 25 Eversley Ave		City Norwalk		State CT	Zip Code 06851	Date Received 06/29/201			
Principal Occupation audio engineer		Name of Employer self			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive		utor a lobbyist child of a lob Yes X	byist?	Aggregate Contrib	outions \$10.00	\$10.00	

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Merrill For Secretary Of The St	ate								
		B. Ite	emized Contributi	ons from	ı Individu	ials			
Last Name Gates	First Name Joelen			MI	Cash	contribution: X Personal C / Order Credit/Deb	heck 1063	ution ID #	Amount of Contribution
Residential Street Address 34 Old Kent Rd		_{City} Mansfield	l Center		State CT	Zip Code 06250	Date Receiv 06/29/20		
Principal Occupation Lawyer		Name of Er CT Legal	nployer Services			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es	byist?	Aggregate Contr	ibutions \$25.00	\$25.00
Last Name Marshall	First Name Jillian			MI	Cash	contribution: X Personal C / Order Credit/Det	heck 1057	ution ID #	Amount of Contribution
Residential Street Address 26 1/2 Deepwood Ln		^{City} Norwalk			State CT	Zip Code 06854	Date Receiv 06/29/20		
Principal Occupation Name of Employer self					Is this contribution associa fundraising event listed in If yes, list Event #		Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate Contr	ibutions \$10.00	\$10.00
Last Name Plank	First Name Eleanor			MI B	Cash	contribution: X Personal C / Order Credit/Deb	heck 1064	ution ID #	Amount of Contribution
Residential Street Address 99 Dog Ln	-	City Storrs		-	State CT	Zip Code 06268	Date Receiv 06/29/20		
Principal Occupation		Name of Er	nployer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es	byist?	Aggregate Contr	ibutions \$75.00	\$75.00
Last Name Burgess	First Name Thomas			MI	Cash	contribution: X Personal C / Order Credit/Deb	heck 1055	ution ID #	Amount of Contribution
Residential Street Address 7 Glen Hill Ln		City Wilton			State CT	Zip Code 06897	Date Receiv 06/29/20		
Principal Occupation teacher		Name of Er	nployer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist child of a lob Yes X	byist?	Aggregate Contr	ibutions \$25.00	\$25.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Merrill For Secretary Of The St	ate								
		B. Itemized Contribut	tions from	n Individu	ials				
Last Name Morrison	First Name John		MI J	Cash	contribution: X Personal Ch y Order Credit/Debi	1193	ion ID #	Amount of Contribution	
Residential Street Address 1692 Whitney Ave	-	City Hamden		State CT	Zip Code 06517	Date Received 06/29/201			
Principal Occupation project director		Name of Employer Wng STC Revison Project (Y	′ale)		Is this contribution associat fundraising event listed in the If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative	dependent	utor a lobbyist t child of a lob 7es X	byist?	Aggregate Contrib	utions \$25.00	\$25.00	
Last Name Baram	First Name David		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	1067	ion ID #	Amount of Contribution	
Residential Street Address 5 Warbler Cir		City Bloomfield		State CT	Zip Code	Date Received 06/29/201			
Principal Occupation Name of Employer attorney Clayman, Tapper & Baram LLC			LC	•	Is this contribution associa fundraising event listed in the If yes, list Event #	Section J1?	Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist t child of a lob Yes X	byist?	Aggregate Contrib	utions \$50.00	\$50.00	
Last Name Pakenham	First Name Richard		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	1199	ion ID #	Amount of Contribution	
Residential Street Address 29 Lynwood Dr	-	^{City} Willimantic		State CT	Zip Code 06226	Date Received 06/29/201			
Principal Occupation retired		Name of Employer n/a			Is this contribution associa fundraising event listed in the If yes, list Event #	Section 11?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist t child of a lob /es	byist?	Aggregate Contrib	utions \$25.00	\$25.00	
Last Name D'Agostino	First Name Catherine		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	1192	ion ID #	Amount of Contribution	
Residential Street Address 6 Barrett Hill Rd		^{City} Brooklyn		State CT	Zip Code 06234	Date Received 06/29/201			
Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event # X No									
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No Executive Legislative		utor a lobbyist t child of a lob Yes X	byist?	Aggregate Contrib	utions \$20.00	\$20.00	

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FIL	ING DUE DATE	
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name	First Name			MI	Method of	contribution:		ntribution ID #	Amount of	
Collins	William				Cash Money	V Order Credit/Deb	10)54	Contribution	
Residential Street Address		City			State	Zip Code	Date Re	eceived		
32 Allen Rd		Norwalk			СТ	06851	06/29	9/2010		
Principal Occupation		Name of Er	nployer			Is this contribution associa		Yes		
columnist		institute	for policy studies			fundraising event listed in If yes, list Event #	Section J1?	X No		
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist		Aggregate C	Contributions		
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob Tes			\$50.00) \$50.00	
Last Name	First Name			MI	Method of	contribution:		ntribution ID #	Amount of	
Wells III	Stuart	-		W	Cash Money	V Order Credit/Deb	10)61	Contribution	
Residential Street Address		City			State	Zip Code	Date Re	eceived		
224 W Norwalk Rd		Norwalk			СТ	06850	06/29	9/2010		
Principal Occupation		Name of Er	nployer			Is this contribution associa fundraising event listed in		Yes		
registrar of voters		city of no	orwalk			If yes, list Event #	Section J1?	X No		
Is contributor a principal of a state contractor	or prospective	-	Yes X No		utor a lobbyist		Aggregate C	Contributions		
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob Yes			\$50.00	\$50.00	
Last Name	First Name			MI	Method of	contribution:	Cor	ntribution ID #	Amount of	
Camhi	Ellen				Cash Money	V Order Credit/Deb	11	.90	Contribution	
Residential Street Address		City			State	Zip Code	Date Re	eceived		
50 Arnold Dr		Stamford			СТ	06905	06/29	9/2010		
Principal Occupation		Name of Er	nployer		-	Is this contribution associa		Yes		
retired		n/a				fundraising event listed in If yes, list Event #	Section J1?	X No		
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist		Aggregate C	Contributions		
state contractor? Is yes, indicate which branch or branches of		E d			child of a lob Yes			\$100.00	\$100.00	
government the contract is with:		Executive	Legislative		r					
Last Name Giannaros	First Name Demetrios	5		MI	Method of Cash	contribution:	heck	ntribution ID #	Amount of Contribution	
		-				Order Credit/Deb	10)66	Contribution	
Residential Street Address		City			State	Zip Code	Date Re	eceived		
56 Basswood Rd		Farmingt	on		СТ	06032	06/29	9/2010	_	
Principal Occupation		Name of Er				Is this contribution associa		Yes		
professor/state rep		Univ. of	Hartford/State of CT			fundraising event listed in If yes, list Event #	Section J1?	X No		
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyist		Aggregate C	Contributions		
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	dependent	child of a lob es			\$100.00	\$100.00	
government the contract is with:		LACCULIVE	Legislative			110				

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILIN	G DUE DATE	
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name Mobilia	First Name Dorothy			MI	Cash	contribution: X Personal C / Order Credit/Deb	Theck 1058	ution ID #	Amount of Contribution	
Residential Street Address 47 Allen Rd		City Norwalk			State CT	Zip Code 06851	Date Receiv 06/29/20			
Principal Occupation writer		Name of Er self	mployer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob 'es X	byist?	Aggregate Contr	ibutions \$25.00	\$25.00	
Last Name Dunlop	First Name Joan			MI B	Cash	contribution: X Personal C / Order Credit/Det	Theck 1194	ition ID #	Amount of Contribution	
Residential Street Address 409 Salmon Kill Rd		^{City} Lakeville			State CT	Zip Code	Date Receiv 06/29/20			
Principal Occupation		Name of En n/a	mployer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes	byist?	Aggregate Contr	ibutions \$50.00	\$50.00	
Last Name Wells	First Name Galen			MI	Cash	contribution: X Personal C / Order Credit/Deb	Theck 1062	ition ID #	Amount of Contribution	
Residential Street Address 224 W Norwalk Rd		^{City} Norwalk			State CT	Zip Code	Date Receiv 06/29/20			
Principal Occupation attorney		Name of Er self	mployer			Is this contribution associa fundraising event listed in If yes, list Event #	Section 11?	Yes X No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggregate Contr	ibutions \$25.00	\$25.00	
Last Name Hakmiller	First Name Marie			MI A	Cash	contribution: X Personal C / Order Credit/Det	Theck 1191	ution ID #	Amount of Contribution	
Residential Street Address 366 Ash St # 26		City Willimant	tic		State CT	Zip Code	Date Receiv 06/29/20			
Principal Occupation Admin.		Name of En Med-Eas	mployer st Medical Walk in Ce	nter	-	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist child of a lob res	byist?	Aggregate Contr	ibutions \$25.00	\$25.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILIN	G DUE DATE	
Merrill For Secretary Of The St	ate									
B. Itemized Contributions from Individuals										
Last Name Racansky	First Name Barbara			MI	Cash	contribution: X Personal C / Order Credit/Det	heck 119	ibution ID #	Amount of Contribution	
Residential Street Address 730 Westford Rd	-	^{City} Ashford			State CT	Zip Code 06278	Date Rece 06/29/2			
Principal Occupation retired		Name of Ei n/a	nployer			Is this contribution association fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob /es	byist?	Aggregate Cor	ntributions \$20.00	\$20.00	
Last Name Feng	First Name Theodore			MI	Cash	contribution: X Personal C / Order Credit/Det	heck 119	ibution ID # 5	Amount of Contribution	
Residential Street Address 33 Inglenook Rd		^{City} New Fair	field		State CT	Zip Code	Date Rece 06/29/2			
Principal Occupation organizer		Name of Er UAW	nployer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Cor	ntributions \$100.00	\$100.00	
Last Name Leta	First Name James			MI	Cash	contribution: X Personal C / Order Credit/Det	heck 119	ibution ID # 7	Amount of Contribution	
Residential Street Address 256 Stearns Rd		^{City} Mansfield	l Center	-	State CT	Zip Code	Date Rece 06/29/2			
Principal Occupation retired		Name of Er n/a	nployer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Cor	ntributions \$50.00	\$50.00	
Last Name Darling	First Name Alan			MI	Cash	contribution: X Personal C y Order Credit/Deb	heck 1198	ibution ID # 3	Amount of Contribution	
Residential Street Address 27 Cherryfield Rd		^{City} West Har	tford		State CT	Zip Code 06107	Date Rece 06/29/2			
Principal Occupation instructor/tutor		Name of Er Capital (^{nployer} Community College			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob 'es	byist?	Aggregate Cor	ntributions \$25.00	\$25.00	

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Merrill For Secretary Of The State										
B. Itemized Contributions from Individuals										
Last Name Fahey	First Name M. Kevin		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	1200	ion ID #	Amount of Contribution		
Residential Street Address 120 Forge Rd		City Coventry		State CT	Zip Code	Date Received 06/29/201				
Principal Occupation Administration		Name of Employer UConn		-	Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		utor a lobbyis child of a lob /es X	byist?	Aggregate Contrib	utions \$25.00	\$25.00		
Last Name Fahey	First Name Jeanne		MI B	Cash	contribution: X Personal Ch y Order Credit/Debi	1201	ion ID #	Amount of Contribution		
Residential Street Address 120 Forge Rd		City Coventry		State CT	Zip Code	Date Received 06/29/201				
Principal Occupation retired		Name of Employer n/a			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyis child of a lob ⁷ es X	byist?	Aggregate Contrib	utions \$10.00	\$10.00		
Last Name Cantor	First Name Yale		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	1202	ion ID #	Amount of Contribution		
Residential Street Address 20 Charter Rd		City Ellington		State CT	Zip Code	Date Received 06/29/201				
Principal Occupation retired		Name of Employer n/a			Is this contribution associat fundraising event listed in S If yes, list Event #	Section 112	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		utor a lobbyis child of a lob 'es X	byist?	Aggregate Contrib	utions \$15.00	\$15.00		
Last Name Smith	First Name Catherine		MI W	Cash	contribution: X Personal Ch y Order Credit/Debi	1203	ion ID #	Amount of Contribution		
Residential Street Address 44 Chaplin St		City Chaplin		State CT	Zip Code	Date Received 06/30/201				
Principal Occupation retired		Name of Employer n/a		-	Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No		utor a lobbyis child of a lob 'es X	byist?	Aggregate Contrib	utions \$20.00	\$20.00		

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILIN	G DUE DATE	
Merrill For Secretary Of The Sta	ite									
B. Itemized Contributions from Individuals										
Last Name	First Name			MI	Method of	contribution:		oution ID #	Amount of	
Grigoreas	Steven			G	Cash Money	V Order Credit/Deb	1205		Contribution	
Residential Street Address		City			State	Zip Code	Date Rece	ved		
28 Oak Dr		Mansfield	Center		СТ		06/30/2	010	1	
Principal Occupation		Name of En	nployer			Is this contribution associa fundraising event listed in		Yes		
Library Assistant		UConn				If yes, list Event #	Section J1?	X No		
Is contributor a principal of a state contractor o	or prospective		Yes X No		utor a lobbyis		Aggregate Con	ributions	1	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob res			\$70.00	\$70.00	
Last Name	First Name			MI	Method of	contribution:	Contri	oution ID #	Amount of	
Morrell	Charles				Cash Money	V Order Credit/Deb	1206		Contribution	
Residential Street Address		City			State	Zip Code	Date Rece	ved		
4 Charlotte Dr		Central V	ïllage		СТ	06332	06/30/2	010	1	
Principal Occupation		Name of En	nployer			Is this contribution association		Yes		
University Administrator		state of (СТ			fundraising event listed in If yes, list Event #	Section J1?	X No		
Is contributor a principal of a state contractor o	or prospective		Yes X No		utor a lobbyis		Aggregate Con	tributions	1	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob res			\$25.00	\$25.00	
Last Name	First Name			MI	Method of	contribution:	Contri	oution ID #	Amount of	
Guha	Richard				Cash Money	V Order Credit/Det	1207		Contribution	
Residential Street Address		City			State	Zip Code	Date Rece	ved		
115 Lyons Plain Rd		Weston			СТ	06883	06/30/2	010		
Principal Occupation		Name of En	nployer			Is this contribution associate		Yes		
Management Consultant		Max Brar	nd Equity Inc			fundraising event listed in If yes, list Event #	Section J1?	X No		
Is contributor a principal of a state contractor o	or prospective		Yes X No		utor a lobbyis		Aggregate Con	ributions	1	
state contractor? Is yes, indicate which branch or branches of		E d	Legislative		child of a lob es			\$100.00	\$100.00	
government the contract is with:		Executive	Legislative		r				1	
Last Name deSmet	First Name Jean			MI	Method of Cash	contribution:	heck	oution ID #	Amount of Contribution	
						Order Credit/Det	bit Card 1204			
Residential Street Address		City			State	Zip Code	Date Rece			
39 Davis St		Willimant	ic		СТ		06/30/2	010	1	
Principal Occupation		Name of En unemplo				Is this contribution association fundraising event listed in		Yes		
						If yes, list Event #	i		4	
Is contributor a principal of a state contractor o state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob		Aggregate Con			
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y III	_			\$25.00	\$25.00	

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I. MONETARY RECEIPTS (Section A-1)	
NAME OF COMMITTEE	FILING DUE DATE
Merrill For Secretary Of The State	
B. Itemized Contributions from Individuals	

B. Itemized Contributions from Individuals											
Last Name Stanko	First Name Rosemary		MI A	Method of a	contribution:	eck L200	Amount of Contribution				
	,			Money	Order Credit/Debi	1208					
Residential Street Address		City		State	Zip Code	Date Received					
92 Argyle Ave		West Hartford		СТ	06107	06/30/2010					
Principal Occupation		Name of Employer		-	Is this contribution associat	Yes					
vice president		Citizen's Oil Co-op			fundraising event listed in S If yes, list Event #	X No					
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyist		Aggregate Contributions					
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	dependent	child of a lob		\$35.00	\$35.00				
						Total of Section B	\$40,383.00				
TOTAL OF ALL CONTRIBU	TIONS FI	ROM INDIVIDUALS	(Sectio	ons A & B)	(Total on Line 14 d	f Summary Page)	\$40,383.00				

I. MONETARY RECEIPTS (Section A-

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILING	DUE DATE
Merrill For Secretary Of The State								
C1. Contributions from Other Committees								
Name of Committee	Name of Committee Name of Treasurer							
Address			Is this contribution a fundraising event			Yes If yes, list Event	:#	Amount of Contribution
City	State	Zip	Code	Date R	eceived	Aggregate Contributions		
	Total of Section C1							

I. MONETA					
NAME OF COMMITTEE				FILIN	IG DUE DATE
Merrill For Secretary Of The State					
C2. Reimbursements or Payments from other Committees					
Name of Committee			Name of Treasurer		
Address			Date Received		Amount of Receipt
	•				
City	State	Zip Code	Reimbursement for shared expense		
			Payment for goods and services		
			<u> </u>		
			Total of Sectio	on C2	

	I. MONETARY RECEIPTS (Section	on A-K))			
NAME OF COMMITTEE					FILING	DUE DATE
Merrill For Secretary Of The State						
	D. Loans Received this Period					
Name of Lender				Source of Louis	Is there a cosigner or Guarantor of	Amount Received
Street Address	City	State	Zip Code		this loan? Yes	
Name of Cosigner/Guarantor				Other Committee	No	
Street Address	City	State	Zip Code	Date Received		
	•	•	3	Total of :	Section D	•

I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE	NAME OF COMMITTEE FILING DUE DATE						
Merrill For Secretary Of T							
	E. Personal Funds of	the Candidate Receive	d this Period				
Date Received	Amount	Method of Payment					
	Cash Personal Check C						
	Total of Section E						

	I. MONETARY RECEIPTS (Section A-I)						
NAME OF COMMITTE	FILING DUE DATE						
Merrill For Secretary	Merrill For Secretary Of The State						
	F. Aı	nonymous Contribution	15				
Date Received	Date Received \$ 1 bills \$ 5 bills \$ 10 bill coins						
Total of Section F							

I. Monetary Receipts (Section A-I)						
NAME OF COMMITTEE					FILI	NG DUE DATE
Merrill For Secretary Of The State						
G. Interest from Deposits in Authorized Accounts						
Name of Institution		Date Received				Total Amount Received
Street Address City State Zip Code						
	Total of Section G					

I. MONETARY RECEIPTS (Section A-K)						
NAME OF COMMITTEE	NAME OF COMMITTEE					
Merrill For Secretary Of The State						
H. Public Grant Fu						
Purpose of Grant: Initial Primary General or Special Election	Supplemental/Independ Primary	lent Expenditure General or Special Election	Date Received	Amount		
Supplemental/Post Election Deficit General or Special Election	Supplemental/Excess F Primary					
	1		Total of Section	н		

I. MONE	TARY RECEIPTS (Section A-K)				
NAME OF COMMITTEE				FILI	NG DUE DATE
Merrill For Secretary Of The State					
I. Miscellaneous Mon	etary Receipts not Considered Contribu	itions			
Name Sheila Amdur		Date of Tran 05/20/20			Amount Received
Street Address 132 Lawler Rd	City West Hartford	State CT	Zip Code		
Description refund - reimbursed payment to Network Solutions					\$202.13
Name CEF		Date of Tran 05/20/20			Amount Received
Street Address 20 Trinity St	City Hartford	State CT	Zip Code 06106-1628		
Description penny test					\$0.02
			Total of Sect	tion I	\$202.15

	II. FUNDRAISIN	G EVENT ACTIVITY				
NAME OF					FILING DUE	DATE
COMMITTEE Merrill For Secreta	ry Of The State					
	J1. Fundra	nising Event Information			•	
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City		State	Zip Code
04/07/2010 a	Meet and Greet Event	360 Broad St	Hartfo	rd	СТ	
Was this fundraising event h	osted at a personal residence?		Yes	X No		
Did this fundraiser include it items donated by an individu	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No		
Was this fundraiser a tag sale	e, auction, or other sale of donated items?		Yes	X No		
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City		State	Zip Code
04/11/2010 A	Home Fundraiser	155 Brewster St	Bridge	port	СТ	
Was this fundraising event h	osted at a personal residence?		X Yes	No		
Did this fundraiser include it items donated by an individu	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No		
Was this fundraiser a tag sale	e, auction, or other sale of donated items?		Yes	X No		
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City		State	Zip Code
04/19/2010 A	Meet and Greet Event	245 Main St	Deep	River	СТ	
Was this fundraising event h	osted at a personal residence?		Yes	X No		
Did this fundraiser include it items donated by an individu	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No		
Was this fundraiser a tag sale	e, auction, or other sale of donated items?		Yes	X No		
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City		State	Zip Code
04/24/2010 A	Home Fundraiser	117 Stonemill Rd	Storrs		СТ	06268
Was this fundraising event h	osted at a personal residence?		X Yes	No		
Did this fundraiser include it items donated by an individu	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No		
Was this fundraiser a tag sale	e, auction, or other sale of donated items?		Yes	X No		
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City		State	Zip Code
05/14/2010 A	Home Fundraiser	269 Rimmon Rd	Woodl	oridge	СТ	
Was this fundraising event h	• osted at a personal residence?		X Yes	No		
Did this fundraiser include it items donated by an individu	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No		
Was this fundraiser a tag sale	e, auction, or other sale of donated items?		Yes	X No		

	II. FUNDRAISIN	G EVENT ACTIVITY				
NAME OF					FILING DUE I	DATE
COMMITTEE Merrill For Secreta	ry Of The State					
	J1. Fundra	nising Event Information				
Fundraising Event #	Description	Location: Street Address	City		State	Zip Code
Date of Fundraiser Letter 05/15/2010 A	Home Fundraiser	61 Grist Mill Cir	Guilford		СТ	
Was this fundraising event h	• osted at a personal residence?		X Yes	No		
Did this fundraiser include ite items donated by an individu	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No		
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes	X No		
Fundraising Event #	Description	Location: Street Address	City		State	Zip Code
Date of Fundraiser Letter 05/16/2010 A	Home Fundraiser	176 Osborne St	Danbury	1	СТ	
Was this fundraising event h	• osted at a personal residence?		x Yes	No		
Did this fundraiser include ite items donated by an individu	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No		
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes	X No		
Fundraising Event #	Description	Location: Street Address	City		State	Zip Code
Date of Fundraiser Letter 06/06/2010 A	Home Fundraiser	3 Johnny Cake Hill Rd	Old Lym	e	СТ	
Was this fundraising event h	• osted at a personal residence?		x Yes	No		
Did this fundraiser include ite items donated by an individu	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No		
Was this fundraiser a tag sale	e, auction, or other sale of donated items?		Yes	X No		
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City		State	Zip Code
Date of Fundraiser Letter 06/09/2010 A	Dinner Event	386 Prospect St	East Ha	rtford	СТ	
Was this fundraising event h	• osted at a personal residence?		Yes	X No		
Did this fundraiser include its items donated by an individu	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No		
Was this fundraiser a tag sale	e, auction, or other sale of donated items?		Yes	X No		
Fundraising Event #	Description	Location: Street Address	City		State	Zip Code
Date of Fundraiser Letter 06/19/2010 A	Home Fundraiser	118 Undermountain Rd	Salisbur	У	СТ	
Was this fundraising event h	osted at a personal residence?		X Yes	No		
Did this fundraiser include ite items donated by an individu	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No		
Was this fundraiser a tag sale	auction, or other sale of donated items?		Yes	X No		

	II. FUNDRAISIN	G EVENT ACTIVITY		
NAME OF				FILING DUE DATE
COMMITTEE Merrill For Secreta	ry Of The State			
	J1. Fundra	aising Event Information		•
Fundraising Event #	Description	Location: Street Address	City	State Zip Code
Date of FundraiserLetter06/22/2010A	Meet and Greet Event	70 State St	New London	ст
Was this fundraising event h	• osted at a personal residence?	•	Yes X No	
Did this fundraiser include ite items donated by an individu	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes X No	
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes X No	
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City	State Zip Code
06/23/2010 A	Home Fundraiser	113 Dunn Rd	Hamden	СТ
Was this fundraising event h	osted at a personal residence?		X Yes No	
Did this fundraiser include ite items donated by an individu	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes X No	
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes X No	
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City	State Zip Code
Date of Fundraiser Letter 06/25/2010 A	Home Fundraiser	15 Brookside Rd	New Britain	СТ
Was this fundraising event h	• osted at a personal residence?		X Yes No	
Did this fundraiser include ite items donated by an individu	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes X No	
Was this fundraiser a tag sale	auction, or other sale of donated items?		Yes X No	
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City	State Zip Code
Date of Fundraiser Letter 06/27/2010 A	Party Event	6 First St	New Britain	СТ
Was this fundraising event h	• osted at a personal residence?		X Yes No	
Did this fundraiser include it items donated by an individu	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes X No	
Was this fundraiser a tag sale	e, auction, or other sale of donated items?		Yes X No	

	II. FUNDRAISING EVENT ACTIVITY						
NAME OF COMMITTEE						FILIN	G DUE DATE
Merrill For Secretary Of The State							
J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items							
Name of the Purchaser Last Name (Individuals ONLY)	First Name	MI N	Method of payment: Cash	Personal Check	Credit/Debi	it Card	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received	Event #		
tems Purchased							
Total of Section J2							

II. FUNDRAISING EVENT ACTIVITY										
NAME OF COMMITTEE							FILING	NG DUE DATE		
Merrill For Secretary Of The State										
J3. In-Kind Donations Not Considered Contributions										
Name of the Donor					Donation G	iven by:		Fair Market Value of		
Auden Grogins					X Indivi	dual Busine	ess Entity	Donation		
Street Address 155 Brewster St	City Bridgeport		State CT	Zip (Code	Aggregate valu for this even \$				
Description of Donation food, wine			Receive		Event # 041110A			\$127.18		
Name of the Donor Jane and Robert Moskowitz	Donation G	_	ess Entity	Fair Market Value of Donation						
Street Address 117 Stonemill Rd	City Storrs		State CT	Zip (Code	Aggregate valu for this even \$				
Description of Donation Date Received food and wine - home fundraiser 04/24/2010								\$385.00		
Name of the Donor Janet and Richard Emanuel					Donation Given by: X Individual Business Entity			Fair Market Value of Donation		
Street Address 61 Grist Mill Cir	Citv Guilford		State CT	Zip (0643	Code 37	Aggregate valu for this even \$				
Description of Donation food and wine			Receive 15/201		Event # 051510A		\$349.59			
Name of the Donor Fleur Lawrence					Donation G		ess Entity	Fair Market Value of Donation		
Street Address 3 Johnny Cake Hill Rd	City Old Lyme		State CT	Zip (Code	Aggregate valu for this even \$				
Description of Donation Date Received food and wine - home fundraiser 06/06/2010								\$112.00		
Name of the Donor Marjorie Clark							ess Entity	Fair Market Value of Donation		
Street Address 113 Dunn Rd	City Hamden		State CT	Zip (Code	Aggregate valu for this event \$				
Description of Donation food, wine			Receive		Event # 062310A			\$124.13		

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1 ugo	200	01 242

II. FUNDRAISING EVENT ACTIVITY FILING DUE DATE NAME OF COMMITTEE Merrill For Secretary Of The State J3. In-Kind Donations Not Considered Contributions Name of the Donor Fair Market Donation Given by: Value of Gerry Springer X Individual Business Entity Donation Street Address City Aggregate value Zip Code State for this event 15 Brookside Rd New Britain СТ \$154.28 Event # Description of Donation Date Received 06/25/2010 062510A spring rolls, ribs, chicken fingers \$154.28 Total of Section J3 \$1,252.18

III. NONMONETARY RECEIPTS										
NAME OF COMMITTEE FILING DUE DATE										
Merrill For Secretary Of The	Merrill For Secretary Of The State									
K. In-Kind Contributions										
Name							Date Receive	ed	Fair Market Value of this Contribution	
Street Address		С	ity		State	Zip Code				
Type of Contributor: Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?		Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive				Yes No .egislative		
Is this contribution associated with a fund listed in Section J1? If yes, list Event#	raising event Y	es o	Description of In-Kind Contribution Agg				Aggregate contr	ibutions		
	Total of Section K									

III. Non Monetary Receipts										
NAME OF COMMITTEE	FILING DUE DATE									
Merrill For Secretary Of The State										
L. Refundable Deposit to Telephone Company										
Last Name (Individuals Only)	First Name				MI Date		Amount of Deposit			
Street Address	City		State	Zip Code						
Name of Telephone company										
Street Address	City			State Zip Code		Zip Code				
	L									

III. NONMONETARY RECEIPTS										
NAME OF COMMITTEE	FI	LING DUE DATE								
Merrill For Secretary Of The State										
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee										
Name of Committee	Name of Treasurer									
Street Address		•	Date Notice Received		Fair Market Value of Donation					
City	State	Zip Code	Aggregate Donations							
Description of Donation	Purpose of Expenditure A B									
Total of Section M										

IV. EXPENDITURES									
NAME OF COMMITTEE						FILI	NG DUE DATE		
Merrill For Secretary Of The State									
N. Expenses Paid By Committee									
Name of Payee Date of Payment Authorize.net 04/02/2010					Method of Pays	ment	Amount		
Street Address 808 E Utah Valley Dr	City American Fork	State UT	Zip Code	Purpose of Expenditure WEB	X Debit Car	rd			
Description		-	•		Event #				
which reimbursement is sought?									
X No					1		\$39.95		
Name of Payee				Date of Payment	Method of Pays	ment	Amount		
Authorize.net				04/02/2010	Check #				
Street Address 808 E Utah Valley Dr	City American Fork	State UT	Zip Code	Purpose of Expenditure WEB	X Debit Car	rd			
Description			I		Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	ame		Office Sought					
Yes X No							\$133.57		
Name of Payee				Date of Payment	Method of Pays	ment	Amount		
Peoples Bank				04/08/2010	Check #				
Street Address 1013 Farmington Ave	City West Hartford	State CT	Zip Code	Purpose of Expenditure BNK	X Debit Car	rd			
Description	West Hartlord			DINK	Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	ame		Office Sought					
Yes X No							\$9.00		

IV. EXPENDITURES								
NAME OF COMMITTEE						FILI	NG DUE DATE	
Merrill For Secretary Of The State								
N. Expenses Paid By Committee								
Name of Payee William P. Simpson				Date of Payment 04/11/2010	Method of Pays	ment	Amount	
Street Address	City	State	Zip Code	Purpose of Expenditure	1022			
29 Chaffeeville Rd	Mansfield Center	СТ	06250	REF	Debit Car	rd		
Description refund of contribution			-		Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought				
X No							\$100.00	
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
Kevin Bronson			1	04/11/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1023</u>			
51 Cambridge Dr	Rocky Hill	СТ	06067	WAGE	Debit Car	rd		
Description					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought				
X No							\$600.00	
Name of Payee				Date of Payment	Method of Payı	ment	Amount	
CT American Academy of Pediatrics			1	04/14/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1024</u>			
104 Hungerford St	Hartford	СТ	06106	Misc *	Debit Car	rd		
Description Event #								
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?								
X No							\$300.00	

IV. EXPENDITURES								
NAME OF COMMITTEE						FILI	NG DUE DATE	
Merrill For Secretary Of The State								
N. Expenses Paid By Committee								
Name of Payee Sheila B. Amdur				Date of Payment 04/27/2010	Method of Pays	ment	Amount	
Street Address 132 Lawler Rd	City West Hartford	State CT	Zip Code	Purpose of Expenditure RCW	<u>1025</u> Debit Car	rd		
Description	1		4	1	Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No	Yes							
Name of Payee								
Elizabeth Brown				04/27/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1026</u>			
225 Alexander Ave	Waterbury	СТ		WAGE	Debit Car	rd		
Description					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			•	
X No							\$1,866.66	
Name of Payee				Date of Payment	Method of Pays	ment	Amount	
Authorize.net		<u> </u>		05/04/2010	Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	-d		
808 E Utah Valley Dr	American Fork	UT		WEB	Event #	u		
Description					Event #			
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?								
Yes X No							\$39.95	

IV. EXPENDITURES								
NAME OF COMMITTEE						FILI	NG DUE DATE	
Merrill For Secretary Of The State								
N. Expenses Paid By Committee								
Name of Payee Authorize.net		-	_	Date of Payment 05/04/2010	Method of Pays	ment	Amount	
Street Address 808 E Utah Valley Dr	City American Fork	State UT	Zip Code	Purpose of Expenditure WEB	X Debit Car	rd		
Description					Event #			
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes No								
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
CT American Academy of Pediatrics				05/10/2010	X Check #	lion		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1027</u>			
104 Hungerford St	Hartford	СТ		Misc *	Debit Car	rd		
Description rent					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought				
X No							\$300.00	
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
Officers Club of CT				05/12/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1030</u>			
360 Broad St	Hartford	СТ		FOOD	Debit Car	rd		
Description					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	Jame		Office Sought	!			
X No							\$341.00	

IV. EXPENDITURES									
NAME OF COMMITTEE						FILI	NG DUE DATE		
Merrill For Secretary Of The State									
N. Expenses Paid By Committee									
Name of Payee Elizabeth Brown		1	1	Date of Payment 05/12/2010	Method of Pay	ment	Amount		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1028</u>				
225 Alexander Ave	Waterbury	СТ		WAGE	Debit Car	rd			
Description					Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes									
X No				-	•		\$2,466.66		
Name of Payee				Date of Payment	Method of Pay	ment	Amount		
Creative Solutions for Business, Inc	1		<u> </u>	05/17/2010	X Check #				
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1031</u>				
16 Wolf Tree Dr	Woodbridge	СТ		Misc *	Debit Car	rd			
Description					Event #				
tote bags									
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought	1				
Yes X No					1		\$2,210.10		
Name of Payee				Date of Payment	Method of Pay	ment	Amount		
Mission Control LLC	1		1	05/17/2010	X Check #				
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1032</u>				
114A Mansfield Hollow Rd	Mansfield Center	СТ		A-DM	Debit Car	rd			
Description Event #									
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?									
Yes X No							\$12,004.91		

ATE
Amount
\$397.50
Amount
\$887.24
Amount
\$553.18
=

IV. EXPENDITURES								
NAME OF COMMITTEE						FILI	NG DUE DATE	
Merrill For Secretary Of The State								
N. Expenses Paid By Committee								
Name of Payee Shannon Wegele		1	1	Date of Payment 05/22/2010	Method of Pay	ment	Amount	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1038</u>			
39 Lilley Rd	West Hartford	СТ		RCW	Debit Car	rd		
Description					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			\$113.64	
X No					1		\$115.04	
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
Shannon Wegele				05/22/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1040</u>			
39 Lilley Rd	West Hartford	СТ		RCW	Debit Car	rd		
Description		-	•		Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought	1			
Yes X No							\$318.00	
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
Elizabeth Brown				05/22/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1036</u>			
225 Alexander Ave	Waterbury	СТ		RCW	Debit Car	rd		
Description					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	Jame		Office Sought				
X No							\$121.00	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILI	NG DUE DATE
Merrill For Secretary Of The State							
N. Expenses Paid By Committee							
Name of Payee Robin O'Brien	-	-		Date of Payment 05/22/2010	Method of Pay	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1039</u>		
Stearns Rd	Mansfield	СТ		RCW	Debit Car	rd	
Description			-		Event #		
which reimbursement is sought?							\$47.75
X No				1	1		
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Sheila Amdur				05/22/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1037</u>		
132 Lawler Rd	West Hartford	ст		RCW	Debit Car	rd	
Description		-		-	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought	·		
Yes X No							\$64.80
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Nate Merrill				05/25/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1041</u>		
12708 S Foxton Rd	Foxton	CO		RCW	Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	Jame		Office Sought			\$45.00
X No							÷.5.50

IV. EXPENDITURES								
NAME OF COMMITTEE						FILI	NG DUE DATE	
Merrill For Secretary Of The State								
N. Expenses Paid By Committee								
Name of Payee Elizabeth Brown				Date of Payment 05/25/2010	Method of Pay	ment	Amount	
Street Address 225 Alexander Ave	City Waterbury	State CT	Zip Code	Purpose of Expenditure RCW	<u>1043</u> Debit Car	rd		
Description		!	•		Event #			
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?							\$900.79	
X No Name of Payee				Date of Payment	Method of Pay	ment	Amount	
Elizabeth Brown				05/25/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1044</u>			
225 Alexander Ave	Waterbury	СТ		WAGE	Debit Car	rd		
Description					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?							
Yes X No							\$2,466.66	
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
wally lamb				05/25/2010	Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure				
29 Hunters Run	Storrs	СТ	06268	REF	X Debit Car	rd		
Description refund - over contribution					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			\$100.00	
X No							\$100.00	

IV. EXPENDITURES								
NAME OF COMMITTEE						FILI	NG DUE DATE	
Merrill For Secretary Of The State	Merrill For Secretary Of The State							
N. Expenses Paid By Committee								
Name of Payee Jeremy Bohn		1	1	Date of Payment 05/25/2010	Method of Pays	ment	Amount	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1042</u>			
77 Stonemill Rd	Storrs	СТ	06268	RCW	Debit Car	rd		
Description	Description Event #							
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?						454.00		
X No					1		\$54.93	
Name of Payee				Date of Payment	Method of Pays	ment	Amount	
Shannon Wegele	i			05/25/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1047</u>			
39 Lilley Rd	West Hartford	СТ		RCW	Debit Car	rd		
Description								
Is this expenditure coordinated with another candidate for which reimbursement is sought?								
X No					1		\$60.00	
Name of Payee				Date of Payment	Method of Pays	ment	Amount	
Kevin Bronson	I			05/25/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	1045			
51 Cambridge Dr	Rocky Hill	СТ		WAGE	Debit Car	rd		
Description Event #								
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?								
X No							\$1,200.00	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILI	NG DUE DATE
Merrill For Secretary Of The State							
N. Expenses Paid By Committee							
Name of Payee Patty McQueen				Date of Payment 05/25/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1046</u>		
28 Rundelane	Bloomfield	СТ		WAGE	Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes							
X No							\$3,000.00
Name of Payee Date of Payment					Method of Pay	ment	Amount
Authorize.net	[05/28/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
808 E Utah Valley Dr	American Fork	UT		WEB	X Debit Car	rd	
Description	Description Event #						
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes							
X No							\$50.00
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Authorize.net				06/02/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
808 E Utah Valley Dr	American Fork	UT		WEB	X Debit Car	rd	
Description Event #							
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?							
Yes X No							\$39.95

IV. EXPENDITURES							
NAME OF COMMITTEE						FILI	NG DUE DATE
Merrill For Secretary Of The State							
N. Expenses Paid By Committee							
Name of Payee Authorize.net		I	1	Date of Payment 06/02/2010	Method of Pay	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car		
808 E Utah Valley Dr	American Fork	UT		WEB		u	
Description					Event #		
which reimbursement is sought?	Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?						
Yes X No							\$84.11
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Janet Jones	1			06/07/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1048</u>		
221 Wormwood Hill Rd	Mansfield Center	СТ		RCW	Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	Jame		Office Sought			
Yes X No							\$32.58
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Kevin Bronson				06/08/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1053</u>		
51 Cambridge Dr	Rocky Hill	СТ		WAGE	Debit Car	rd	
Description			-		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	Jame		Office Sought			
Yes X No							\$900.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILI	NG DUE DATE
Merrill For Secretary Of The State							
N. Expenses Paid By Committee							
Name of Payee Shannon Wegele	1			Date of Payment 06/08/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1051</u>		
39 Lilley Rd	West Hartford	СТ		WAGE	Debit Car	rd	
Description			-		Event #		
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?							
X No							\$2,490.00
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Elizabeth Brown	1			06/08/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1052</u>		
225 Alexander Ave	Waterbury	СТ		RCW	Debit Car	rd	
Description Event #							
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?							
X No							\$1,652.12
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Elizabeth Brown	1			06/08/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1054</u>		
225 Alexander Ave	Waterbury	СТ		WAGE	Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	Jame		Office Sought	_	_	\$1,140.00
x _{No}							\$1,140.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Merrill For Secretary Of The State							
N. Expenses Paid By Committee							
Name of Payee Mary Jane Bury	-	-	_	Date of Payment 06/11/2010	Method of Pay	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1055</u>		
70 Gillies Rd	Hamden	СТ		RCW	Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?						\$254.40	
X No					1		\$254.40
Name of Payee Date of Payment					Method of Pay	ment	Amount
Amity Wine and Spirits	1		1	06/16/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1056</u>		
95 Amity Rd	New Haven	СТ		FOOD	Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			\$109.23
X No							
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Charlie's Pizza Restaurant			1	06/22/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1059</u>		
386 Prospect St	East Hartford	СТ		FOOD	Debit Car	rd	
Description Event #							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
X No							\$118.23

IV. EXPENDITURES							
NAME OF COMMITTEE						FILI	NG DUE DATE
Merrill For Secretary Of The State							
	N. Expenses Paid By Commi	ttee					
Name of Payee Donnelly/Colt				Date of Payment 06/22/2010	Method of Pays	ment	Amount
Street Address PO Box 188	City Hampton	State CT	Zip Code	Purpose of Expenditure Misc *	<u>1060</u> Debit Car	rd	
Description stickers					Event #		
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes Xoo							\$190.95
Name of Payee Elizabeth Brown				Date of Payment	Method of Pays	ment	Amount
Street Address 225 Alexander Ave	City Waterbury	State CT	Zip Code	Purpose of Expenditure	<u>1062</u> Debit Car	rd	
Description	Waterbury		<u> </u>		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No	or Other Candidate(s) N	Jame		Office Sought			\$955.00
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Shannon Wegele Street Address	City	State	Zip Code	06/22/2010 Purpose of Expenditure	X Check # <u>1063</u> Debit Car	rd	
39 Lilley Rd West Hartford CT RCW Debit Card Description Event #							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	Jame		Office Sought	1		
X No							\$434.59

IV. EXPENDITURES							
NAME OF COMMITTEE						FILI	NG DUE DATE
Merrill For Secretary Of The State							
	N. Expenses Paid By Commi	ttee					
Name of Payee Magnani Press				Date of Payment 06/22/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1057</u>		
120 New Park Ave	Hartford	ст		Misc *	Debit Car	ď	
Description cards			•		Event #		
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?							\$758.96
X No				1			
Name of Payee Date of Payment					Method of Pays	ment	Amount
Shannon Wegele				06/22/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1049</u>		
39 Lilley Rd	West Hartford	СТ		WAGE	Debit Car	ď	
Description		-	•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought	1		¢2 400 00
X No				1	1		\$2,490.00
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Hartford Publications	1		T	06/22/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1058</u>		
563 Franklin Ave	Hartford	СТ		A-NEWS	Debit Car	ď	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No	or Other Candidate(s) N	lame		Office Sought			\$200.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILI	NG DUE DATE
Merrill For Secretary Of The State							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Kevin Bronson				Date of Payment 06/22/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1061</u> Debit Car		
51 Cambridge Dr	Rocky Hill	СТ		RCW		a	
Description					Event #		
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?							
X No							\$15.89
					Method of Pays	ment	Amount
Elizabeth Brown	1		1	06/28/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1050		
225 Alexander Ave	Waterbury	СТ		WAGE	Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes X No							\$1,140.00
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Kevin Bronson				06/28/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1064</u>		
51 Cambridge Dr	Rocky Hill	СТ		WAGE	Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes X No							\$900.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILE	NG DUE DATE
Merrill For Secretary Of The State							
	N. Expenses Paid By Commi	ttee					
Name of Payee Manchester DTC	-	-	-	Date of Payment 06/28/2010	Method of Pay	ment	Amount
Street Address 36 Clinton St # 2	City Manchester	State CT	Zip Code	Purpose of Expenditure A-OTH	<u>1065</u> Debit Car	rd	
Description ad	Description						
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes No					•		\$40.00
Name of Payee Date of Payment				Method of Pay	ment	Amount	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>100</u> Debit Car	d	
403 Howe St Description	Milford	СТ	<u> </u>	REF	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
X No							\$100.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Gloria Schaffer	1		T	06/29/2010	X Check #		
Street Address 51 Tumblebrook Rd	City Woodbridge	State CT	Zip Code	Purpose of Expenditure	1067 Debit Car	rd	
Description	woodblidge	<u> </u>	<u> </u>		Event #		
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?							
Yes X No							\$100.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Merrill For Secretary Of The State							
N. Expenses Paid By Committee							
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Helen Armstrong				06/30/2010	Check #		
Street Address 278 Wrights Mill Rd	City Coventry	State CT	Zip Code	Purpose of Expenditure REF	X Debit Car	rd	
Description			ł		Event #		
refund - excess contribution							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No	Yes						\$50.00
Name of Payee				Date of Payment	Method of Pays	ment	Amount
William Scheffler				06/30/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1		
17 Stony Point Rd	Westport	ст		REF	X Debit Car	rd	
Description		-	•	·	Event #		
refund - excess contribution							
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?							
Yes X No							\$100.00
					Total of Sec	ction N	\$45,721.46

	IV.	EXPENDITURES						
NAME OF COMMITTE	EE						FILING	DUE DATE
Merrill For Secretary	Of The State							
	O. Cam	paign Expenses Paid By Candidate						
Name of Payee Officers Club of CT				Date of Paymo 04/07/201		Is Reimbur Claimed?		Amount
Street Address 360 Broad St		City Hartford	State CT	Zip Code		X No		
Purpose of Expenditure FNDR	Description fee for event		•	•	Event #	¥		\$75.00
	·					Total of	Section O	\$75.00

IV. EXPENDITURES								
NAME OF COMMITTEE						FILING DUE DATE		
Merrill For Secretary Of T								
P. Expenses Incurred on Committee Credit Card								
Name of Issuing Institution Type of Credit Card:								
			Visa	Master Card	Discover	American		
			Other					
Name of Vendor					Date of Transaction	Amount		
Street Address		City	State	Zip Code]			
Purpose of Expenditure	Description			!	Event #			
	•				Total of Section	Р		

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IV. EXPENDITURES								
NAME OF CO	MMITTEE				FILING	DUE DATE		
Merrill For Secretary Of The State								
Q. Expenses Incurred By Committee but Not Paid During this Period								
Name of Creditor Rolling Cones I	ice Cream		Date Incurred 06/27/2010	Event # 06272010	A	Amount Incurred (Estimate or		
Street Address 6 1st St		^{City} Norwalk	·	State CT	Zip Code	Actual)		
Purpose of Expenditure	Description ice cream							
FOOD								
Is this expenditure of which reimburseme Yes X No	coordinated with another candidate for Other Candidat nt is sought?	te(s) Name	Office Sought			\$120.00		
				Total of	Section Q	\$120.00		

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IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Merrill For Secretary Of The State						
R. Itemization of Reimburs	ements to Committee Worl	kers and	Consultants			
Name of Worker/Consultant Sheila Amdur		Date of Payment 04/27/2010		Method of Paym X Check # 1025	ent	Amount
Secondary Payee Tim Coffey Photography		Purpose of Expenditure Misc *		Debit Card	1	
Street Address 1802 Bedford St # 2	City Stamford		State CT	Zip Code		
Description photographs				Event #		
which reimbursement is sought?	idate(s) Name	Office	Sought			
Yes X No						\$530.00
Name of Worker/Consultant		Date of Pa		Method of Payment		Amount
Shannon Wegele		05/21/	2010	x Check #		
Secondary Payee USPS		Purpose o POST	of Expenditure	Debit Card	1	
Street Address Bishops Corner	^{City} West Hartford		State CT	Zip Code		
Description postage	•			Event #		
Is this expenditure coordinated with another candidate for Other Cand	idate(s) Name	Office	Sought			
which reimbursement is sought?	./		J			
X No						\$282.43

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IV. E	XPENDITURES							
NAME OF COMMITTEE					FILR	NG DUE DATE		
Merrill For Secretary Of The State								
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Shannon Wegele			ayment 2010	Method of Paym	ent	Amount		
Secondary Payee Staples				1035	1			
Street Address 2550 Albany Ave	City West Hartford		State Zip Code CT					
Description mailing supplies				Event #				
which reimbursement is sought?	idate(s) Name	Office	Sought	ł		\$270.75		
				1		\$270.75		
Name of Worker/Consultant		Date of P		Method of Paym	ient	Amount		
Elizabeth Brown		05/22/	2010	1036				
Secondary Payee CVS		Purpose o	of Expenditure	Debit Card	1			
Street Address 566 Farminton Ave	City Hartford		State CT	Zip Code				
Description office supplies				Event #				
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought					
X No						\$20.37		

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1 uge	220	01 2 12

IV. EXPENDITURES						
NAME OF COMMITTEE FILM					NG DUE DATE	
Merrill For Secretary Of The State						
R. Itemization of Reimbursements to Committee Workers and Consultants						
Name of Worker/Consultant Shannon Wegele			Date of Payment 05/22/2010		ent	Amount
Secondary Payee Staples	ee		of Expenditure	1038	1	
Street Address 2550 Albany Ave	City West Hartford	•	State CT	Zip Code		
Description office supplies	•			Event #		
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought			
X No						\$84.24
Name of Worker/Consultant Shannon Wegele		Date of Payment 05/22/2010		Method of Payment		Amount
Secondary Payee USPS		Purpose of POST	of Expenditure	1038		
Street Address	City West Hartford		State CT	Zip Code		
Description				Event #		
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought			
Yes X No						\$29.40

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1 age	221	01 242

IV. EXPENDITURES						
NAME OF COMMITTEE FILIN					NG DUE DATE	
Merrill For Secretary Of The State						
R. Itemization of Reimbursements to Committee Workers and Consultants						
Name of Worker/Consultant Sheila Amdur			Date of Payment 05/22/2010		ent	Amount
Secondary Payee USPS			of Expenditure	1037	1	
Street Address Bishops Corner	City West Hartford		State CT	Zip Code		
Description Postage	•		•	Event #		
Is this expenditure coordinated with another candidate for Other Cand	lidate(s) Name	Office	Sought			
which reimbursement is sought?						
X No				-1		\$64.80
Name of Worker/Consultant			Date of Payment		ent	Amount
Elizabeth Brown		05/22/	05/22/2010 X Chec			
Secondary Payee Verizon Wireless		Purpose of Expenditure Misc *		Debit Card		
Street Address 495 Union St	City Waterbury		State CT	Zip Code		
Description phone				Event #		
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	lidate(s) Name	Office	Sought			
X No						\$100.69

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IV. EXPENDITURES						
NAME OF COMMITTEE					FILD	NG DUE DATE
Merrill For Secretary Of The State						
R. Itemization of Reimbursements to Committee Workers and Consultants						
Name of Worker/Consultant Shannon Wegele			Date of Payment 05/22/2010		ent	Amount
Secondary Payee			Purpose of Expenditure Misc *		1	
Street Address	City		State	Zip Code		
Description convention walkie talkie rental				Event #		
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes X No	idate(s) Name	Office	Sought	I		\$318.00
Name of Worker/Consultant Robin O'Brien			Date of Payment 05/22/2010		ent	Amount
Secondary Payee Big Y		Purpose of Expenditure FOOD		1039		
Street Address 1418 Storrs Rd	^{City} Mansfield		State CT	Zip Code		
Description food				Event #		
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes X No	idate(s) Name	Office	Sought			\$47.75

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IV. EXPENDITURES						
NAME OF COMMITTEE FILM					NG DUE DATE	
Merrill For Secretary Of The State						
R. Itemization of Reimburs	ements to Committee	Workers and	Consultants			
Name of Worker/Consultant .iz Brown			Date of Payment 05/25/2010		ent	Amount
Secondary Payee Deep River Historical Society			Purpose of Expenditure FNDR		1	
Street Address PO Box 151	City Deep River	•	State CT	Zip Code		
Description facility rental				Event # 04192010A		
Is this expenditure coordinated with another candidate for Other Candwhich reimbursement is sought? Yes No	lidate(s) Name	Office	Sought			\$75.00
Name of Worker/Consultant Elizabeth Brown			Date of Payment 05/25/2010		ent	Amount
Secondary Payee BJS		Purpose of Expenditure FNDR		Debit Car		
Street Address 344 Reidville Rd	City Waterbury		State CT	Zip Code		
Description				Event # 04192010A		
Is this expenditure coordinated with another candidate for Other Candwhich reimbursement is sought?	lidate(s) Name	Office	Sought	1		
X No						\$40.86

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IV. H	EXPENDITURES					
NAME OF COMMITTEE					FILN	NG DUE DATE
Merrill For Secretary Of The State						
R. Itemization of Reimbursements to Committee Workers and Consultants						
Name of Worker/Consultant Elizabeth Brown			Date of Payment 05/25/2010		ent	Amount
Secondary Payee Stop & Shop	ndary Payee		Purpose of Expenditure FNDR		l	
Street Address #618	City Waterbury	I	State CT	Zip Code		
Description	1		I	Event # 04192010A		•
Is this expenditure coordinated with another candidate for Other Candwhich reimbursement is sought?	didate(s) Name	Office	Sought			\$16.56
Name of Worker/Consultant Shannon Wegele			Date of Payment 05/25/2010		ent	Amount
Secondary Payee Atlantic Restaurant		Purpose o FOOD	f Expenditure	1047	l	
Street Address 176 Osborne St	City Danbury		State CT	Zip Code		
Description				Event #		
which reimbursement is sought?	didate(s) Name	Office	Sought			
Yes X No						\$60.00

IV. EXPENDITURES						
NAME OF COMMITTEE					FILIY	NG DUE DATE
Merrill For Secretary Of The State						
R. Itemization of Reimbursements to Committee Workers and Consultants						
Name of Worker/Consultant Nate Merrill			Date of Payment 05/25/2010		ent	Amount
Secondary Payee Staples			f Expenditure	1041 Debit Carc	l	
Street Address 521 Connecticut Blvd	^{City} East Hartford		State CT	Zip Code		
Description paper				Event #		
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought	·		
X No				-		\$45.00
Name of Worker/Consultant Elizabeth Brown		Date of P. 05/25/		Method of Paym	ent	Amount
Secondary Payee Verizon Wireless		Purpose o Misc *	Purpose of Expenditure 1043 Misc * Debit C		l	
Street Address 495 Union St	City Waterbury	·	State CT	Zip Code		
Description phone				Event #		
which reimbursement is sought?	idate(s) Name	Office	Sought	- 1		
Yes X No						\$100.69

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IV. EXPENDITURES						
NAME OF COMMITTEE					FILR	NG DUE DATE
Merrill For Secretary Of The State						
R. Itemization of Reimbursements to Committee Workers and Consultants						
			Date of Payment 05/25/2010		ent	Amount
Secondary Payee Fedex Kinkos			f Expenditure	Debit Card	1	
Street Address 544 Farmington Ave	City Hartford		State CT	Zip Code		
Description Stickers	•		•	Event #		*
Is this expenditure coordinated with another candidate for Other Can which reimbursement is sought?	didate(s) Name	Office	Sought			
X No						\$54.93
Name of Worker/Consultant		Date of Pa	ayment	Method of Paym	ent	Amount
Elizabeth Brown		05/25/	05/25/2010			
Secondary Payee Barker Specialty Promotional Produc		Purpose o Misc *	Purpose of Expenditure Misc *		1	
Street Address 27 Realty Dr	^{City} Cheshire		State CT	Zip Code		
Description tee shirts				Event #		
which reimbursement is sought?	didate(s) Name	Office	Sought			
Yes X No						\$504.90

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IV	. EXPENDITURES					
NAME OF COMMITTEE					FILR	NG DUE DATE
Merrill For Secretary Of The State						
R. Itemization of Reimbursements to Committee Workers and Consultants						
Name of Worker/Consultant Elizabeth Brown			Date of Payment 05/25/2010		ent	Amount
Secondary Payee USPS	ıry Payee		f Expenditure	1043	1	
Street Address	City Marion	•	State CT	Zip Code		
Description				Event #		
which reimbursement is sought?	Candidate(s) Name	Office	Sought	1		
X No				1		\$132.00
Name of Worker/Consultant Janet Jones			Date of Payment 06/07/2010		ent	Amount
Secondary Payee USPS		Purpose of POST	f Expenditure	re 1048 Debit Card		
Street Address Mansfield Center	City Mansfield Center		State CT	Zip Code		
Description				Event #		
Is this expenditure coordinated with another candidate for Other which reimbursement is sought?	Candidate(s) Name	Office	Sought			
X No						\$7.04

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1 uge	250	01 2 12

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Merrill For Secretary Of The State	Merrill For Secretary Of The State					
R. Itemization of Reimbursements to Committee Workers and Consultants						
Name of Worker/Consultant Elizabeth Brown			Method of Paym	ent	Amount	
Secondary Payee Verizon Wireless			of Expenditure	1052	1	
Street Address 495 Union St	City Waterbury		State CT	Zip Code		
Description phone			-	Event #		
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought			
Yes X No						\$106.00
Name of Worker/Consultant Elizabeth Brown		Date of P 06/07/		Method of Paym	ent	Amount
Secondary Payee FedEx Kinkos			1052 Debit Card			
Street Address 544 Farmington Ave	^{City} Hartford		State CT	Zip Code		
Description				Event #		
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought			
X No						\$37.07

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IV. EXPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE
Merrill For Secretary Of The State						
R. Itemization of Reimbursements to Committee Workers and Consultants						
Name of Worker/Consultant Elizabeth Brown				Method of Paym	lent	Amount
Secondary Payee Staples		Purpose of OFFICE	f Expenditure	Debit Card	1	
Street Address Skiff St	City Hamden		State CT	Zip Code		•
Description				Event #		
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes X No	lidate(s) Name	Office	Sought			\$49.50
Name of Worker/Consultant Janet Jones		Date of P 06/07/		Method of Paym	ent	Amount
Secondary Payee BJs Wholesale Club			f Expenditure	1048	1	
Street Address 1539 W Main St	^{City} Willimantic		State CT	Zip Code		
Description				Event #		
which reimbursement is sought?	lidate(s) Name	Office	Sought			
X No						\$19.98

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1 age	250	01 242

IV. EXPENDITURES						
NAME OF COMMITTEE					FILD	NG DUE DATE
Merrill For Secretary Of The State	Merrill For Secretary Of The State					
R. Itemization of Reimbursements to Committee Workers and Consultants						
Name of Worker/Consultant Date of Payment Janet Jones 06/07/2010			Method of Paym	ent	Amount	
Secondary Payee Big Y			1048	1		
Street Address 1418 Storrs Rd	City Mansfield		State CT	Zip Code		
Description	•		•	Event #		
which reimbursement is sought?	ididate(s) Name	Office	Sought			
X No						\$5.56
Name of Worker/Consultant Elizabeth Brown		Date of P 06/07/		Method of Paym	ent	Amount
Secondary Payee CT Expo			1052	1		
Street Address 265 Reverand Moody Byp	City Hartford		State CT	Zip Code		
Description convention food, water, snacks				Event #		
	d: 1.4. (c) Norre	05	Succht			
which reimbursement is sought?	didate(s) Name	Office	Sought			
X No						\$1,524.55

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1 age	25)	01 242

IV. EXPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE
Merrill For Secretary Of The State						
R. Itemization of Reimbursements to Committee Workers and Consultants						
Name of Worker/Consultant Date of Payment Elizabeth Brown 06/07/2010		Method of Paym	ent	Amount		
Secondary Payee Capitol City DBA Bill			1052	1		
Street Address 131 Buckingham St	City Hartford		State CT	Zip Code		
Description	•			Event #		
which reimbursement is sought?	lidate(s) Name	Office	Sought			
Yes X No						\$15.00
Name of Worker/Consultant Mary Jane Burt		Date of P 06/11/		Method of Paym	ent	Amount
Secondary Payee Mediterranea Restauran	Purpose of Expenditure FOOD		Expenditure 1055 Debit Card			
Street Address 140 Orange St	City New Haven		State CT	Zip Code		
Description				Event #		
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes	lidate(s) Name	Office	Sought	•		
X No						\$254.40

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IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Merrill For Secretary Of The State						
R. Itemization of Reimbursements to Committee Workers and Consultants						
Name of Worker/Consultant Kevin Bronson		Date of P 06/22/		Method of Paym	ent	Amount
Secondary Payee FedEx Kinkos	Secondary Payee Purpose		of Expenditure	1061	1	
Street Address 544 Farmington Ave	City Hartford		State CT	Zip Code		
Description				Event #		
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought			
Yes X No						\$15.89
Name of Worker/Consultant Shannon Wegele		Date of P 06/22/		Method of Paym	ent	Amount
Secondary Payee Staples	Purpose of Expenditure OFFICE		1063			
Street Address 2550 Albany Ave	City Hartford		State CT	Zip Code		
Description				Event #		
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought			
X No						\$434.59

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IV. EXPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE
Merrill For Secretary Of The State						
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants	-		
Name of Worker/Consultant Elizabeth Brown Secondary Payee Constant Contact		Date of P. 06/22/ Purpose of A-WEB	/2010 of Expenditure	Method of Paym X Check # 1062 Debit Care		Amount
Street Address 1601 Trapelo Rd	City Waltham		State MA	Zip Code		
Description				Event #		
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$75.00
Name of Worker/Consultant Elizabeth Bron		Date of P 06/22/	-	Method of Paym	ient	Amount
Secondary Payee USPS	-	Purpose of POST	of Expenditure	1062 Debit Card	1	
Street Address Washington St Station	City Hartford		State CT	Zip Code		
which reimbursement is sought?	idate(s) Name	Office	Sought	Event #		•
Yes X No						\$880.00
				Total of Se	ection R	\$6,202.95

IV. EXPI	ENDITURES				
NAME OF COMMITTEE				FII	LING DUE DATE
Merrill For Secretary Of The State					
S. Surplus Distri	bution of Equipment and Furniture				
Name of Recipient	_				Original Purchase Amount of Item
Street Address	City	State	Zip Code		
Description					
			Total of Section	on S	