

**SEEC FORM 30**

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

Electronic Filing

Do Not Mark in This Space For Official Use Only

Page 1 of 92

COVER PAGE

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE	
Penny For CT			<input type="checkbox"/> Candidate Committee	<input checked="" type="checkbox"/> Exploratory Committee
3. TREASURER NAME				
First Robert		MI D	Last Arute	Suffix
4. TREASURER ADDRESS				
Street Address 39 Clearbrook Dr		City Tolland	State CT	Zip Code 06084
5. ELECTION DATE	6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)
11/04/2014	Undetermined			
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)				
First PENNY		MI	Last BACCHIOCHI	Suffix
9. TYPE OF REPORT				
January 10 Filing - Original				
10. PERIOD COVERED				
Beginning Date 10/01/2013		Ending Date 12/31/2013		
11. CERTIFICATION				
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.				
Electronic Filing SIGNATURE		Robert Arute PRINT NAME OF THE SIGNER	01/10/2014 5:54:54PM DATE CERTIFIED	
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.				

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
Penny For CT	January 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$29,834.75	
14. Contributions received from Individuals (Section A and B)	\$17,713.00	\$72,033.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$100.00	\$100.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$17,813.00	\$72,133.00
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$47,647.75	\$72,133.00
20. Expenses Paid by Committee (Section N)	\$12,787.50	\$37,272.75
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$34,860.25	\$34,860.25
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$1,955.24
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M) OPTIONAL	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$1,509.24	\$2,361.31
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Penny For CT		January 10 Filing - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY		For Nonparticipating Candidates ONLY \$240.00	
B. Itemized Contributions from Individuals			
Last Name Green		First Robert	MI 0555
Residential Street Address 28 Stratton Farms Rd		City West Suffield	State CT Zip Code 06093
Principal Occupation Automobile Retailer		Name of Employer Self	
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received Aggregate Contributions 10/01/2013 \$250.00 \$250.00
Last Name Friedman		First Michael	MI 0556
Residential Street Address 631 Long Ridge Rd		City Stamford	State CT Zip Code 06902
Principal Occupation Investor		Name of Employer Retired	
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received Aggregate Contributions 10/02/2013 \$375.00 \$375.00
Last Name Pieczarka		First Richard	MI 0557
Residential Street Address 318 Walnut Trail Pine Lake Shrs		City Coventry	State CT Zip Code 06238
Principal Occupation Retired Hearing Reporter		Name of Employer Retired, DMV Weathersfield	
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: If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received Aggregate Contributions 10/03/2013 \$100.00 \$100.00

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Blessington		First John	MI	Contribution ID # 0560
Residential Street Address 29 Mason Rd		City Willington	State CT	Zip Code 06279
Principal Occupation Comuter Operator		Name of Employer University Of Conn		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/05/2013	Aggregate Contributions \$75.00
If yes, list Event # <u>10252013A</u>		\$25.00		
Last Name Bohn		First David	MI	Contribution ID # 0559
Residential Street Address 301 Umpawaug Rd		City Redding	State CT	Zip Code 06896
Principal Occupation eXECUTIVE		Name of Employer pREFERRED uTILITIES		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/05/2013	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Stover		First Frederick	MI	Contribution ID # 0558
Residential Street Address 72 Kings Hwy		City North Haven	State CT	Zip Code 06473-1208
Principal Occupation		Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/05/2013	Aggregate Contributions \$10.00
If yes, list Event #		\$10.00		
Last Name Lavieri		First John	MI	Contribution ID # 0561
Residential Street Address 1 Hickory Rdg / P.O. Box 202		City Barkhamsted	State CT	Zip Code 06063
Principal Occupation President		Name of Employer Sterling Engineering Corp.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/07/2013	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Lyman		First Emmett, III	MI J	Contribution ID # 0562
Residential Street Address 136 Town St		City East Haddam	State CT	Zip Code 06423
Principal Occupation		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/07/2013	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Pbert		First Herman	MI	Contribution ID # 0563
Residential Street Address 67 Jerzeskie Rd		City North Grosvenordale	State CT	Zip Code 06255-1107
Principal Occupation		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/08/2013	Aggregate Contributions \$10.00
If yes, list Event #		\$10.00		
Last Name Field		First John	MI H	Contribution ID # 0564
Residential Street Address 317 Goshen Rd		City Litchfield	State CT	Zip Code 06759
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/08/2013	Aggregate Contributions \$375.00
If yes, list Event #		\$375.00		
Last Name Nugent		First Joe	MI	Contribution ID # 0565
Residential Street Address 7 Hyde Park Rd P.O. Box 54		City Stafford Springs	State CT	Zip Code 06076
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/08/2013	Aggregate Contributions \$150.00
If yes, list Event #		\$150.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Raseman		First Kim	MI H	Contribution ID # 0567
Residential Street Address 1080 New Haven Ave Unit 113		City Milford	State CT	Zip Code 06460
Principal Occupation Supervisor		Name of Employer Yale University		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/09/2013	Aggregate Contributions \$30.00
Last Name Garcia		First Rafael, Jr.	MI 0568	Contribution ID #
Residential Street Address 119 Rolling Meadow Rd		City Madison	State CT	Zip Code 06443
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/09/2013	Aggregate Contributions \$75.00
Last Name Emond		First Howard, Jr.	MI E	Contribution ID # 0566
Residential Street Address 54 Timber Ln		City Willington	State CT	Zip Code 06279
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/09/2013	Aggregate Contributions \$25.00
Last Name Nash		First Ron	MI 0570	Contribution ID #
Residential Street Address 59 Hammock Rd		City Clinton	State CT	Zip Code 06413
Principal Occupation President		Name of Employer Power Controls Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/10/2013	Aggregate Contributions \$25.00

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Thomsen		First Robert	MI M	Contribution ID # 0569
Residential Street Address 14 Kings Ln		City Essex	State CT	Zip Code 06426
Principal Occupation		Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 10/10/2013	Aggregate Contributions \$25.00	
If yes, list Event #		\$25.00		
Last Name Garneau		First Robert	MI M	Contribution ID # 0572
Residential Street Address 47 Bittersweet Ln		City South Glastonbury	State CT	Zip Code 06073-2401
Principal Occupation		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 10/11/2013	Aggregate Contributions \$100.00	
If yes, list Event #		\$100.00		
Last Name McCann		First William	MI J	Contribution ID # 0574
Residential Street Address 153 Middle Haddam Rd		City Middle Haddam	State CT	Zip Code 06456
Principal Occupation CEO		Name of Employer Best Cleaners		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 10/11/2013	Aggregate Contributions \$100.00	
If yes, list Event #		\$100.00		
Last Name Jones		First Delbert	MI D	Contribution ID # 0571
Residential Street Address 7 May Ave		City Quaker Hill	State CT	Zip Code 06375
Principal Occupation		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 10/11/2013	Aggregate Contributions \$25.00	
If yes, list Event #		\$25.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Vance		First James	MI	Contribution ID # 0573
Residential Street Address 220 Snake Meadow Rd		City Danielson	State CT	Zip Code 06239
Principal Occupation Contractor		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/11/2013	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name Reid		First Douglas	MI	Contribution ID # 0575
Residential Street Address 258 Mulberry Hill Rd		City Fairfield	State CT	Zip Code 06824-1622
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/12/2013	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Pelletier		First Steven	MI	Contribution ID # 0576
Residential Street Address 348 Westminster Rd / P.O. Box 70		City Canterbury	State CT	Zip Code 06331
Principal Occupation		Name of Employer Daniel O'Connell & Sons		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/12/2013	Aggregate Contributions \$20.00
If yes, list Event #		\$20.00		
Last Name Bennett		First Alan	MI	Contribution ID # 0578
Residential Street Address 15 Elizabeth Ter		City North Haven	State CT	Zip Code 06473-2870
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/12/2013	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Kazlauskas		First Paul	MI J	Contribution ID # 0579
Residential Street Address 22 Baile Hill Vlg		City Danielson	State CT	Zip Code 06239
Principal Occupation Mechanic		Name of Employer Electric Boat		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/12/2013	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name Fowlkes		First Winston, III	MI J	Contribution ID # 0580
Residential Street Address PO Box 1232		City Washington	State CT	Zip Code 06793
Principal Occupation Real Estate Agent		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/12/2013	Aggregate Contributions \$75.00
If yes, list Event #		\$75.00		
Last Name O'Murray		First Sean	MI	Contribution ID # 0581
Residential Street Address 17 Bowhay Hill Stony Crk		City Branford Bs	State	Zip Code 06405
Principal Occupation		Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/12/2013	Aggregate Contributions \$5.00
If yes, list Event #		\$5.00		
Last Name Fein		First Seymour	MI H	Contribution ID # 0582
Residential Street Address 470 Canoe Hill Rd		City New Canaan	State CT	Zip Code 06840
Principal Occupation Physician		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/12/2013	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Foster		First Peter	MI B	Contribution ID # 0577
Residential Street Address 10 Old Marlborough Rd		City East Hampton	State CT	Zip Code 06424
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/12/2013	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name Percy		First Stephen	MI 0586	Contribution ID #
Residential Street Address 14 New Shore Rd		City Waterford	State CT	Zip Code 06385
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/15/2013	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Foote		First James	MI W	Contribution ID # 0583
Residential Street Address 78 Mountayin Rd		City Farmington	State CT	Zip Code 06032
Principal Occupation Project Manager		Name of Employer O&G Industries		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/15/2013	Aggregate Contributions \$15.00
If yes, list Event #		\$15.00		
Last Name Trinque		First Launa	MI L	Contribution ID # 0584
Residential Street Address 658 Buckley Hwy		City Union	State CT	Zip Code 06076
Principal Occupation Carrier		Name of Employer USPS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/15/2013	Aggregate Contributions \$25.00
If yes, list Event # <u>10252013A</u>		\$25.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Belding		First Maxwell	MI M	Contribution ID # 0585
Residential Street Address 308 Essex Mdw		City Essex	State CT	Zip Code 06426
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/15/2013	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Tolis		First Katherine	MI 0587	Contribution ID #
Residential Street Address 17 Ellsworth Blvd .		City Kensington	State CT	Zip Code 06037-2725
Principal Occupation		Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/15/2013	Aggregate Contributions \$8.00
If yes, list Event #		\$8.00		
Last Name Koutouvides		First Alex	MI 0588	Contribution ID #
Residential Street Address 68 Mark St		City Bristol	State CT	Zip Code 06010
Principal Occupation Cook		Name of Employer Max Pizza		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/15/2013	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name Kiriazidis		First Nikos	MI 0589	Contribution ID #
Residential Street Address 23 Hyatt Ave		City Norwalk	State CT	Zip Code 06850
Principal Occupation Plumber		Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/16/2013	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Koehm		First Andrew, Jr.	MI P	Contribution ID # 0591
Residential Street Address 5 Fernbrook Dr		City Brookfield	State CT	Zip Code 06804
Principal Occupation I.T. Project Manager		Name of Employer U.S. Treasury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event # <u>10252013A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/16/2013	Aggregate Contributions \$25.00
Last Name Silbermann		First Mathieu	MI J	Contribution ID # 0590
Residential Street Address 160 Carion Rd		City Union	State CT	Zip Code 06076
Principal Occupation		Name of Employer Cabelas		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>10252013A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/16/2013	Aggregate Contributions \$50.00
Last Name Gardner		First Nicholas	MI	Contribution ID # 0593
Residential Street Address 190 Modock Rd		City Pomfret Center	State CT	Zip Code 06259
Principal Occupation Loan Officer		Name of Employer Farm Credit East		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>11182013A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/18/2013	Aggregate Contributions \$200.00
\$100.00				
Last Name Hawes		First George	MI D	Contribution ID # 0595
Residential Street Address 6 Richmond Rd		City Rowayton	State CT	Zip Code 06853-1620
Principal Occupation		Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event # <u>11182013A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/18/2013	Aggregate Contributions \$25.00
\$25.00				

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Elliot		First David	MI O	Contribution ID # 0596
Residential Street Address 25 Country Ln		City Collinsville	State CT	Zip Code 06019
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/18/2013	Aggregate Contributions \$100.00
If yes, list Event # <u>11032013A</u>		\$100.00		
Last Name Giegler		First Janice	MI R	Contribution ID # 0594
Residential Street Address 10 Old Hayrake Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Legislator		Name of Employer State Of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/18/2013	Aggregate Contributions \$180.00
If yes, list Event #		\$50.00		
Last Name Downes		First Michael	MI	Contribution ID # 0592
Residential Street Address 175 S End Rd Unit 40		City East Haven	State CT	Zip Code 06512
Principal Occupation Legislative Employee		Name of Employer State Of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/18/2013	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name Santini		First Evandro	MI S	Contribution ID # 0598
Residential Street Address 41 Alfred Dr		City Tolland	State CT	Zip Code 06084
Principal Occupation Builder / Developer		Name of Employer Santini Homes, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/19/2013	Aggregate Contributions \$150.00
If yes, list Event # <u>10252013A</u>		\$50.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Ropiak		First Dorothy	MI	Contribution ID # 0597
Residential Street Address 5 Monroe Rd		City Enfield	State CT	Zip Code 06082-5317
Principal Occupation		Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/19/2013	Aggregate Contributions \$100.00
If yes, list Event # <u>11032013A</u>		\$100.00		
Last Name Eaton		First Maureen	MI	Contribution ID # 0599
Residential Street Address 1159 Buckley Hwy		City Union	State CT	Zip Code 06076
Principal Occupation Tax Collector		Name of Employer Town Of Union		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/19/2013	Aggregate Contributions \$25.00
If yes, list Event # <u>10252013A</u>		\$25.00		
Last Name McCommas		First John	MI	Contribution ID # 0601
Residential Street Address 29 Kathleen Dr Unit 7A		City Willimantic	State CT	Zip Code 06226
Principal Occupation Fork Lift Driver		Name of Employer Rite Aid		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/19/2013	Aggregate Contributions \$5.00
If yes, list Event #		\$5.00		
Last Name Eaton		First Lloyd, Jr.	MI	Contribution ID # 0600
Residential Street Address 1159 Buckley Hwy		City Union	State CT	Zip Code 06076
Principal Occupation		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/19/2013	Aggregate Contributions \$25.00
If yes, list Event # <u>10252013A</u>		\$25.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Perlmutter		First Stephen	MI	Contribution ID # 0602
Residential Street Address 5 Tavistock		City Cromwell	State CT	Zip Code 06416
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/21/2013	Aggregate Contributions \$10.00
Last Name Bonadies		First Marjorie	MI	Contribution ID # 0603
Residential Street Address 21 N Woods Rd		City Hamden	State CT	Zip Code 06518
Principal Occupation Nurse, Medical Assistant		Name of Employer CBA Surgical Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/22/2013	Aggregate Contributions \$35.00
Last Name Crockett		First Thomas	MI	Contribution ID # 0604
Residential Street Address 149 Sunn Brook Dr		City Manchester	State CT	Zip Code 06040
Principal Occupation Realtor/Appraiser		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/22/2013	Aggregate Contributions \$25.00
Last Name Stack		First Randall	MI	Contribution ID # 0605
Residential Street Address 16 Chimney Sweep Rd		City Wallingford	State CT	Zip Code 06492
Principal Occupation Teacher		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/24/2013	Aggregate Contributions \$25.00

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Penny For CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name MacPherson	First Sterling, III	MI	Contribution ID # 0606
Residential Street Address 28 Cemetery Rd	City Union	State CT	Zip Code 06076
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/24/2013
If yes, list Event # <u>10252013A</u>		Aggregate Contributions \$50.00	

Last Name Millar	First Andrew	MI	Contribution ID # 0607
Residential Street Address 18 Laforgue Rd	City Darien	State CT	Zip Code 06820
Principal Occupation	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/24/2013
If yes, list Event #		Aggregate Contributions \$20.00	

Last Name Moores	First Jeffrey	MI	Contribution ID # 0611
Residential Street Address 152 Woodpond Rd	City West Hartford	State CT	Zip Code 06107
Principal Occupation None	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/24/2013
If yes, list Event #		Aggregate Contributions \$100.00	

Last Name Denning	First Carol	MI	Contribution ID # 0612
Residential Street Address 60 Gilbronorson Rd	City Union	State CT	Zip Code 06076
Principal Occupation	Name of Employer Town Of Union		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/24/2013
If yes, list Event # <u>10252013A</u>		Aggregate Contributions \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Penny For CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Billmyer	First Charles	MI	Contribution ID # 0613
Residential Street Address 8 Thayer Rd	City Manchester	State CT	Zip Code 06040
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/24/2013	Aggregate Contributions \$50.00
If yes, list Event #	\$50.00		

Last Name Washburn	First John, Jr.	MI	Contribution ID # 0614
Residential Street Address 1 Cove Hill Rd	City Mystic	State CT	Zip Code 06355-3219
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/24/2013	Aggregate Contributions \$50.00
If yes, list Event #	\$50.00		

Last Name Huda	First Mary	MI	Contribution ID # 0616
Residential Street Address 1071 Buckley Hwy	City Union	State CT	Zip Code 06076
Principal Occupation Assessor	Name of Employer Town Of Union		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/24/2013	Aggregate Contributions \$25.00
If yes, list Event # <u>10252013A</u>	\$25.00		

Last Name Bradrick	First Heidi	MI	Contribution ID # 0609
Residential Street Address 24 Cemetery Rd	City Union	State CT	Zip Code 06076
Principal Occupation Nurse	Name of Employer Genesis		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/24/2013	Aggregate Contributions \$25.00
If yes, list Event # <u>10252013A</u>	\$25.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Norton		First Lynn	MI K	Contribution ID # 0608
Residential Street Address 94 Westchester Rd		City Colchester	State CT	Zip Code 06415-2420
Principal Occupation		Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/24/2013	Aggregate Contributions \$25.00
If yes, list Event # <u>10252013A</u>				
Last Name Eaton		First David	MI D	Contribution ID # 0610
Residential Street Address 1121 Buckley Hwy		City Union	State CT	Zip Code 06076
Principal Occupation Public Works		Name of Employer Town Of Union		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/24/2013	Aggregate Contributions \$45.00
If yes, list Event # <u>10252013A</u>				
Last Name Steullet		First Diane	MI	Contribution ID # 0617
Residential Street Address 46 Edgewood St Unit 33		City Stafford Springs	State CT	Zip Code 06076
Principal Occupation Stylist		Name of Employer Cost Cutters		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/24/2013	Aggregate Contributions \$50.00
If yes, list Event # <u>10252013A</u>				
Last Name Schickner		First Becky	MI	Contribution ID # 0618
Residential Street Address 35 Pease Farm Rd		City Ellington	State CT	Zip Code 06029
Principal Occupation Business Service Director		Name of Employer Johnson Memorial Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/25/2013	Aggregate Contributions \$75.00
If yes, list Event # <u>10252013A</u>				

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Lipeles		First Enid	MI	Contribution ID # 0615
Residential Street Address 69 Ridgedale Rd		City Monroe	State CT	Zip Code 06468
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/25/2013	Aggregate Contributions \$25.00
If yes, list Event # <u>11122013A</u>		\$25.00		
Last Name Welch		First Michael	MI	Contribution ID # 0619
Residential Street Address 116 W Stafford Rd		City Stafford Springs	State CT	Zip Code 06076
Principal Occupation Service Manager		Name of Employer Langdon VW		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/25/2013	Aggregate Contributions \$75.00
If yes, list Event #		\$25.00		
Last Name Welch		First Sheila	MI	Contribution ID # 0620
Residential Street Address 116 W Stafford Rd		City Stafford Springs	State CT	Zip Code 06076
Principal Occupation Taxpreparer		Name of Employer Michael P. Krol & Co.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/25/2013	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name Hartch		First Thomas	MI	Contribution ID # 0621
Residential Street Address 19 Greenbriar Ln		City Greenwich	State CT	Zip Code 06831-3319
Principal Occupation Attorney		Name of Employer WBAM		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/26/2013	Aggregate Contributions \$10.00
If yes, list Event #		\$10.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Conrad		First Rita	MI	Contribution ID # 0623
Residential Street Address 43 Babbitt Hill Rd		City Pomfret Center	State CT	Zip Code 06259
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/28/2013	Aggregate Contributions \$100.00
If yes, list Event # <u>11182013A</u>		\$100.00		
Last Name Makuch		First Ryan	MI	Contribution ID # 0629
Residential Street Address 37 Pinnalce Rd		City Ellington	State CT	Zip Code 06029
Principal Occupation Physician Assistant		Name of Employer Johnson Memorial Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/28/2013	Aggregate Contributions \$25.00
If yes, list Event # <u>10252013A</u>		\$25.00		
Last Name Kielb		First Laura	MI	Contribution ID # 0630
Residential Street Address 26 Bartlett Ct		City Wilbraham	State MA	Zip Code 01095
Principal Occupation Physician Assistant		Name of Employer Johnson Memorial Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/28/2013	Aggregate Contributions \$50.00
If yes, list Event # <u>10252013A</u>		\$50.00		
Last Name Lefemine		First Julie	MI	Contribution ID # 0631
Residential Street Address 379 Bigelow Hollow Rd		City Eastford	State CT	Zip Code 06242
Principal Occupation None		Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/28/2013	Aggregate Contributions \$80.00
If yes, list Event # <u>10252013A</u>		\$80.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Bresnahan		First Barbara	MI	Contribution ID # 0632
Residential Street Address 164 Buckley Hwy		City Stafford Springs	State CT	Zip Code 06076
Principal Occupation Writer / Photographer		Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/28/2013	Aggregate Contributions \$50.00
If yes, list Event # <u>10252013A</u>		\$50.00		
Last Name Bailey		First Tom	MI	Contribution ID # 0633
Residential Street Address 60 Bridle Dr		City Barkhamsted	State CT	Zip Code 06003
Principal Occupation Contractor		Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/28/2013	Aggregate Contributions \$50.00
If yes, list Event # <u>10252013A</u>		\$50.00		
Last Name Dimeola		First Herbert	MI	Contribution ID # 0634
Residential Street Address 112 Kozley Rd		City Tolland	State CT	Zip Code 06084
Principal Occupation Physician		Name of Employer St. Francis Medical Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/28/2013	Aggregate Contributions \$100.00
If yes, list Event # <u>10252013A</u>		\$100.00		
Last Name Moynihan		First Neil	MI	Contribution ID # 0635
Residential Street Address 112 Dog Ln		City Storrs	State CT	Zip Code 06268-2220
Principal Occupation		Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/28/2013	Aggregate Contributions \$50.00
If yes, list Event # <u>10252013A</u>		\$50.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Squillace		First Steven	MI	Contribution ID # 0638
Residential Street Address 14 Cedar Hill Ter		City Somers	State CT	Zip Code 06071
Principal Occupation		Name of Employer Self Employed Somers Vision Clinic		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/28/2013	Aggregate Contributions \$25.00
If yes, list Event # <u>10252013A</u>		\$25.00		
Last Name Simmons		First Robert	MI	Contribution ID # 0628
Residential Street Address 268 N Main St		City Stonington	State CT	Zip Code 06378
Principal Occupation Retired		Name of Employer U.S. Army		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/28/2013	Aggregate Contributions \$100.00
If yes, list Event # <u>10252013A</u>		\$40.00		
Last Name Kachele		First Karren	MI	Contribution ID # 0626
Residential Street Address 85 Kachele St		City Easton	State CT	Zip Code 06612
Principal Occupation Administrative Assistant		Name of Employer Easton Community Center		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/28/2013	Aggregate Contributions \$50.00
If yes, list Event # <u>11122013A</u>		\$50.00		
Last Name Klarides		First Theodora	MI	Contribution ID # 0624
Residential Street Address 22 Canfield Rd		City Seymour	State CT	Zip Code 06483
Principal Occupation None		Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/28/2013	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Goodhall		First Albert, Jr.	MI L	Contribution ID # 0639
Residential Street Address 69 Cemetery Rd		City Union	State CT	Zip Code 06076
Principal Occupation Real Estate Broker		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>10252013A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/28/2013	Aggregate Contributions \$50.00
Last Name Klarides		First Themis	MI 0625	
Residential Street Address 23 East Ct		City Derby	State CT	Zip Code 06418
Principal Occupation Legislator		Name of Employer State Of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/28/2013	Aggregate Contributions \$150.00
Last Name Collins		First Marshall	MI R	Contribution ID # 0622
Residential Street Address 46 Round Hill Rd		City Salem	State CT	Zip Code 06420
Principal Occupation Attorney/Lobbyist		Name of Employer Marshall R. Collins & Associates		
Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/28/2013	Aggregate Contributions \$50.00
Last Name Durst		First Dorothy	MI 0627	
Residential Street Address 25 Barlow Cemetery Rd		City Woodstock	State CT	Zip Code 06282
Principal Occupation School Administrator		Name of Employer State Of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>10252013A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/28/2013	Aggregate Contributions \$25.00

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Catania		First Joseph	MI A	Contribution ID # 0637
Residential Street Address 25 Greaves Rd W		City Stafford Springs	State CT	Zip Code 06076
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/28/2013	Aggregate Contributions \$150.00
If yes, list Event # <u>10252013A</u>		\$50.00		
Last Name Huda		First Michael	MI J	Contribution ID # 0636
Residential Street Address 1071 Buckley Hwy		City Union	State CT	Zip Code 06076
Principal Occupation Teacher		Name of Employer Town Of Union Board Of Education		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/28/2013	Aggregate Contributions \$25.00
If yes, list Event # <u>10252013A</u>		\$25.00		
Last Name Wiehl		First Richard	MI V	Contribution ID # 0640
Residential Street Address 204 Spring Hill Rd		City Trumbull	State CT	Zip Code 06752-0661
Principal Occupation Executive		Name of Employer Consumers Petroleum Of CT, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/30/2013	Aggregate Contributions \$375.00
If yes, list Event #		\$375.00		
Last Name Rio		First Samuel	MI	Contribution ID # 0641
Residential Street Address 54 Lexington Dr		City Farmington	State CT	Zip Code 06032-2412
Principal Occupation Broker		Name of Employer Rio Real Estate		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/30/2013	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Fort		First Linda	MI M	Contribution ID # 0642
Residential Street Address 36 E Main St Unit G		City Stafford Springs	State CT	Zip Code 06076
Principal Occupation Medical Biller		Name of Employer Prime Health Care, P.C.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/30/2013	Aggregate Contributions \$25.00
If yes, list Event # <u>11032013A</u>		\$25.00		
Last Name Dworak		First Frank, Jr.	MI W	Contribution ID # 0643
Residential Street Address 329 Pleasant Valley Rd		City Rocky Hill	State CT	Zip Code 06067
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/31/2013	Aggregate Contributions \$375.00
If yes, list Event # <u>11122013A</u>		\$375.00		
Last Name Chase		First Vincent	MI J	Contribution ID # 0644
Residential Street Address 640 Whippoorwill Ln		City Stratford	State CT	Zip Code 06614
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/04/2013	Aggregate Contributions \$100.00
If yes, list Event # <u>11122013A</u>		\$100.00		
Last Name Tremblay		First Roger	MI	Contribution ID # 0645
Residential Street Address 458 Brandy Hill Rd		City Thompson	State CT	Zip Code 06277
Principal Occupation Retired		Name of Employer Rtired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/04/2013	Aggregate Contributions \$50.00
If yes, list Event # <u>11182013A</u>		\$50.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Clark		First Marianne	MI A	Contribution ID # 0651
Residential Street Address 100 Westland Rd		City Avon	State CT	Zip Code 06001
Principal Occupation		Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/04/2013	Aggregate Contributions \$50.00
If yes, list Event # <u>11032013A</u>		\$50.00		
Last Name Cunningham		First Brian	MI 0648	Contribution ID #
Residential Street Address 12 Crosshill Rd		City West Hartford	State CT	Zip Code 06107
Principal Occupation		Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/04/2013	Aggregate Contributions \$100.00
If yes, list Event # <u>11032013A</u>		\$100.00		
Last Name Larkum		First Thomas	MI E	Contribution ID # 0653
Residential Street Address 61 Costswold Way		City Avon	State CT	Zip Code 06001
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/04/2013	Aggregate Contributions \$100.00
If yes, list Event # <u>11032013A</u>		\$100.00		
Last Name Szwed		First Craig	MI 0647	Contribution ID #
Residential Street Address 31 Webster Rd		City Union	State CT	Zip Code 06076
Principal Occupation Author/Photographer		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/04/2013	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Kuraska		First Mary Ellen	MI	Contribution ID # 0646
Residential Street Address 5 Surrey Ln		City Enfield	State CT	Zip Code 06082
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/04/2013	Aggregate Contributions \$50.00
If yes, list Event # <u>09202013A</u>				
Last Name Giuliano		First Sebastian	MI N	Contribution ID # 0649
Residential Street Address 348 Maple Shade Rd		City Middletown	State CT	Zip Code 06457
Principal Occupation Attorney		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/04/2013	Aggregate Contributions \$50.00
If yes, list Event #				
Last Name Wilson		First Steve	MI R	Contribution ID # 0650
Residential Street Address 12 Hammersmith		City Avon	State CT	Zip Code 06001
Principal Occupation Business Owner		Name of Employer Crescent Manufacturing		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/04/2013	Aggregate Contributions \$25.00
If yes, list Event #				
Last Name Dzurnak		First George, Jr.	MI M	Contribution ID # 0652
Residential Street Address 6 Weaver St		City Torrington	State CT	Zip Code 06790
Principal Occupation None		Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/04/2013	Aggregate Contributions \$50.00
If yes, list Event #				

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Piening		First Susan	MI	Contribution ID # 0655
Residential Street Address 4 Shelter Dr		City Cos Cob	State CT	Zip Code 06807
Principal Occupation Homemaker		Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/06/2013	Aggregate Contributions \$25.00
If yes, list Event # <u>11032013A</u>		\$25.00		
Last Name Suprin		First Paul	MI A	Contribution ID # 0654
Residential Street Address 140 Great Neck Rd		City Waterford	State CT	Zip Code 06385
Principal Occupation		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/06/2013	Aggregate Contributions \$40.00
If yes, list Event # <u>11122013A</u>		\$40.00		
Last Name Scrofani		First Gary	MI M	Contribution ID # 0659
Residential Street Address 117 Old Castle Dr		City Monroe	State CT	Zip Code 06468
Principal Occupation President		Name of Employer CompIntelligence		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/08/2013	Aggregate Contributions \$50.00
If yes, list Event # <u>11122013A</u>		\$50.00		
Last Name Browne		First Helen	MI R	Contribution ID # 0656
Residential Street Address 36 Vina Ln Apt 309		City Brooklyn	State CT	Zip Code 06234
Principal Occupation Pharmacist		Name of Employer Johnson Memorial Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/08/2013	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Crowther		First Daniel	MI F	Contribution ID # 0658
Residential Street Address 7 Ginger Cir		City Portland	State CT	Zip Code 06480
Principal Occupation		Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event # <u>11192013A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/08/2013	Aggregate Contributions \$25.00
Last Name Cheeseman		First Holly	MI H	Contribution ID # 0657
Residential Street Address 16 Mitchell Dr		City Niantic	State CT	Zip Code 06357-2838
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>11192013A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/08/2013	Aggregate Contributions \$175.00
Last Name Allison		First Susan	MI	Contribution ID # 0660
Residential Street Address 6 Cromwell Ct		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation		Name of Employer Housewife		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>11192013A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/08/2013	Aggregate Contributions \$25.00
Last Name Zito-Hannan		First Shawna	MI M	Contribution ID # 0666
Residential Street Address 891 Vauxhall Street Ext		City Quaker Hill	State CT	Zip Code 06375
Principal Occupation Designer		Name of Employer Electric Boat		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event # <u>11192013A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/11/2013	Aggregate Contributions \$25.00

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Lewerenz		First Pamela	MI	Contribution ID # 0668
Residential Street Address 35 Wade Rd		City Pomfret Center	State CT	Zip Code 06259
Principal Occupation Tax Collector		Name of Employer Town Of Pomfret		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/11/2013	Aggregate Contributions \$110.00
If yes, list Event #		\$100.00		
Last Name Lewerenz		First John	MI	Contribution ID # 0669
Residential Street Address 35 Wade Rd		City Pomfret Center	State CT	Zip Code 06259
Principal Occupation Corrections Officer		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/11/2013	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Matthews		First Heather	MI	Contribution ID # 0661
Residential Street Address 128 Webster Rd		City Union	State CT	Zip Code 06076
Principal Occupation Homemaker		Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/11/2013	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Works		First John	MI	Contribution ID # 0663
Residential Street Address 184 Stafford St		City Stafford Springs	State CT	Zip Code 06076
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/11/2013	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Fish		First Madeleine	MI B	Contribution ID # 0664
Residential Street Address 49 Obed Hieghts Rd		City Old Saybrook	State CT	Zip Code 06475-1258
Principal Occupation Dog Show Judge		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/11/2013	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Hoydick		First Laura	MI 0667	Contribution ID #
Residential Street Address 55 Castle Dr		City Stratford	State CT	Zip Code 06614
Principal Occupation Property Manager		Name of Employer Winstanley Property Management		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/11/2013	Aggregate Contributions \$150.00
If yes, list Event #		\$150.00		
Last Name Capano		First Kenneth	MI 0665	Contribution ID #
Residential Street Address 6 Trails End		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/11/2013	Aggregate Contributions \$375.00
If yes, list Event # <u>11192013A</u>		\$375.00		
Last Name Tetrault		First Sylvan	MI A	Contribution ID # 0662
Residential Street Address 69 Tetrault Rd		City Stafford Springs	State CT	Zip Code 06076
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/11/2013	Aggregate Contributions \$125.00
If yes, list Event #		\$25.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Shaban		First John, Jr.	MI	Contribution ID # 0677
Residential Street Address 29 Ledgewood Rd		City Redding	State CT	Zip Code 06896
Principal Occupation Student		Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/12/2013	Aggregate Contributions \$20.00
If yes, list Event # <u>11122013A</u>		\$20.00		
Last Name Shaban		First Lucy	MI E	Contribution ID # 0696
Residential Street Address 29 Ledgewood Rd		City Redding	State CT	Zip Code 06896
Principal Occupation Teacher		Name of Employer Ridgefield Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/12/2013	Aggregate Contributions \$25.00
If yes, list Event # <u>11122013A</u>		\$25.00		
Last Name Silhavy		First Christopher	MI E	Contribution ID # 0693
Residential Street Address 111 Hickory Woods Ln		City Stratford	State CT	Zip Code 06614-1609
Principal Occupation Computer Analyst		Name of Employer AT&T		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/12/2013	Aggregate Contributions \$25.00
If yes, list Event # <u>11122013A</u>		\$25.00		
Last Name Signorelli		First Carolyn	MI	Contribution ID # 0692
Residential Street Address 18 Chimney Swift Rd		City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Attorney		Name of Employer State Of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/12/2013	Aggregate Contributions \$50.00
If yes, list Event # <u>11122013A</u>		\$50.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Sredzinski		First JP	MI	Contribution ID # 0676
Residential Street Address 210D Windgate Cir		City Monroe	State CT	Zip Code 06468
Principal Occupation Dispatch Supervisor		Name of Employer Town Of Stratford		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/12/2013	Aggregate Contributions \$25.00
If yes, list Event # <u>11122013A</u>		\$25.00		
Last Name Bernardi		First James	MI	Contribution ID # 0689
Residential Street Address 73 Hattertown Rd		City Newtown	State CT	Zip Code 06470
Principal Occupation Lawyer		Name of Employer Criminal Justice Division		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/12/2013	Aggregate Contributions \$50.00
If yes, list Event # <u>11122013A</u>		\$50.00		
Last Name Bloom		First Dennis	MI	Contribution ID # 0674
Residential Street Address 25 Philo Curtis Rd		City Sandy Hook	State CT	Zip Code 06482
Principal Occupation		Name of Employer Urgent Care Of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/12/2013	Aggregate Contributions \$25.00
If yes, list Event # <u>11122013A</u>		\$25.00		
Last Name Bloom		First Barbara	MI	Contribution ID # 0675
Residential Street Address 25 Philo Curtis Rd		City Sandy Hook	State CT	Zip Code 06482
Principal Occupation		Name of Employer Danbury Nurses Registry		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/12/2013	Aggregate Contributions \$25.00
If yes, list Event # <u>11122013A</u>		\$25.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Ferguson		First Mary Ann	MI	Contribution ID # 0681
Residential Street Address 4 Old Hayrake Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Payroll Supervisor		Name of Employer Student Transportation Of America		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/12/2013	Aggregate Contributions \$25.00
If yes, list Event # <u>11122013A</u>				
Last Name Ferguson		First Scott	MI M	Contribution ID # 0698
Residential Street Address 4 Old Hayrake Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Tax Collector		Name of Employer City Of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/12/2013	Aggregate Contributions \$25.00
If yes, list Event # <u>11122013A</u>				
Last Name Hovey		First DebraLee	MI	Contribution ID # 0699
Residential Street Address 296 Fan Hill Rd		City Monroe	State CT	Zip Code 06468
Principal Occupation		Name of Employer State Of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/12/2013	Aggregate Contributions \$100.00
If yes, list Event #				
Last Name Balsano		First Paul	MI	Contribution ID # 0685
Residential Street Address 296 Fan HI		City Monroe	State CT	Zip Code 06468
Principal Occupation Firefighter		Name of Employer City Bpt		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/12/2013	Aggregate Contributions \$75.00
If yes, list Event # <u>11122013A</u>				

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Penny For CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name McConnon	First Patrick	MI 0670	Contribution ID #
Residential Street Address 41 Mulberry St	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Student	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/12/2013	Aggregate Contributions \$375.00
If yes, list Event #	\$375.00		

Last Name Carr	First Karen	MI 0671	Contribution ID #
Residential Street Address 99 W Quasset Rd	City Woodstock	State CT	Zip Code 06281
Principal Occupation Manager	Name of Employer Tarkin Business Solutions, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/12/2013	Aggregate Contributions \$50.00
If yes, list Event #	\$50.00		

Last Name Petri	First Allen	MI F	Contribution ID # 0672
Residential Street Address 432 Hamburg Rd	City Lyme	State CT	Zip Code 06371-3108
Principal Occupation	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/12/2013	Aggregate Contributions \$100.00
If yes, list Event # <u>11192013A</u>	\$100.00		

Last Name Sippi	First Bernie	MI 0673	Contribution ID #
Residential Street Address 234 Merin St	City Monroe	State CT	Zip Code 06468
Principal Occupation	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/12/2013	Aggregate Contributions \$100.00
If yes, list Event # <u>11122013A</u>	\$100.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Toth		First Ronald	MI S	Contribution ID # 0682
Residential Street Address 177 Schiller Rd		City Fairfield	State CT	Zip Code 06825-1138
Principal Occupation Adjuster		Name of Employer Toth Adjustment Service		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/12/2013	Aggregate Contributions \$375.00
If yes, list Event # <u>11122013A</u>				
Last Name Wetmore		First Andrew	MI R	Contribution ID # 0690
Residential Street Address 117 Great Palin Rd		City Danbury	State CT	Zip Code 06811-3843
Principal Occupation Paralegal		Name of Employer Terbresch Law Firm		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/12/2013	Aggregate Contributions \$25.00
If yes, list Event # <u>11122013A</u>				
Last Name Ownes		First Susan	MI L	Contribution ID # 0695
Residential Street Address 43 Admiral Dr		City Monroe	State CT	Zip Code 06468-2293
Principal Occupation Deputy Voter Registrar		Name of Employer Town of Monroe		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/12/2013	Aggregate Contributions \$25.00
If yes, list Event # <u>11122013A</u>				
Last Name Kupchick		First Yolanda	MI S	Contribution ID # 0697
Residential Street Address 1700 Broadbridge Ave Unit B21		City Stratford	State CT	Zip Code 06614-5419
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/12/2013	Aggregate Contributions \$25.00
If yes, list Event # <u>11122013A</u>				

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Carroll		First Philip	MI	Contribution ID # 0691
Residential Street Address 1 Fieldstone Dr		City Newtown	State CT	Zip Code 06470
Principal Occupation License Agent		Name of Employer CT DMV		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/12/2013	Aggregate Contributions \$50.00
If yes, list Event # <u>11122013A</u>		\$50.00		
Last Name Fuller		First David	MI P	Contribution ID # 0686
Residential Street Address 48 Sunnybank Ave		City Stratford	State CT	Zip Code 06614-3120
Principal Occupation Grant Writer		Name of Employer Westchester Institute Of Human Developement		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/12/2013	Aggregate Contributions \$100.00
If yes, list Event # <u>11122013A</u>		\$100.00		
Last Name Ferguson		First Michael	MI	Contribution ID # 0680
Residential Street Address 4 Old Hayraker Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation		Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/12/2013	Aggregate Contributions \$50.00
If yes, list Event # <u>11122013A</u>		\$25.00		
Last Name Domeika		First Bill	MI	Contribution ID # 0678
Residential Street Address 83 Melville Ave		City Fairfield	State CT	Zip Code 06825
Principal Occupation Manager, Business Development		Name of Employer Sports & Entertainment & Marketing Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/12/2013	Aggregate Contributions \$50.00
If yes, list Event # <u>11122013A</u>		\$50.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Penny For CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Jowdy	First Daniel	MI P	Contribution ID # 0683
Residential Street Address 9-11 Granville Ave	City Danbury	State CT	Zip Code 06810-5913
Principal Occupation Funeral Director	Name of Employer Jowdy-Kane Funeral Home		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/12/2013	Aggregate Contributions \$100.00
If yes, list Event # <u>11122013A</u>	\$100.00		

Last Name Weinberg	First James	MI R	Contribution ID # 0687
Residential Street Address 59 Rowledge Pond Rd	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Ship Broker	Name of Employer Safe Habour		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/12/2013	Aggregate Contributions \$100.00
If yes, list Event # <u>11122013A</u>	\$100.00		

Last Name O'Rourke	First Susan	MI E	Contribution ID # 0688
Residential Street Address 10 Falls Brook Cir	City Monroe	State CT	Zip Code 06468
Principal Occupation Ship Broker	Name of Employer Safe Habour Tanker Chartering		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/12/2013	Aggregate Contributions \$50.00
If yes, list Event # <u>11122013A</u>	\$50.00		

Last Name Yaccarino	First David	MI	Contribution ID # 0684
Residential Street Address 1804 Hartford Tpke	City North Haven	State CT	Zip Code 06473
Principal Occupation State Rep / Buisness Owner	Name of Employer State Of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/12/2013	Aggregate Contributions \$75.00
If yes, list Event # <u>11122013A</u>	\$25.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Kupchick		First Brenda	MI	Contribution ID # 0679
Residential Street Address 213 Farist Rd		City Fairfield	State CT	Zip Code 06825
Principal Occupation Owner		Name of Employer Self / Peter Kupchick Heating & Cooling, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/12/2013	Aggregate Contributions \$50.00
If yes, list Event # <u>11122013A</u>				
Last Name Carter		First Daniel	MI E	Contribution ID # 0694
Residential Street Address 4 Rector St		City Bethel	State CT	Zip Code 06801
Principal Occupation Sales		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/12/2013	Aggregate Contributions \$50.00
If yes, list Event # <u>11122013A</u>				
Last Name Devins		First Michael	MI F	Contribution ID # 0701
Residential Street Address 58 Henderson Rd		City New Hartford	State CT	Zip Code 06057-2604
Principal Occupation Carpenter		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/14/2013	Aggregate Contributions \$50.00
If yes, list Event #				
Last Name Griswold		First Timothy	MI C	Contribution ID # 0700
Residential Street Address 13 Griswold Pt		City Old Lyme	State CT	Zip Code 06371
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/14/2013	Aggregate Contributions \$100.00
If yes, list Event # <u>11192013A</u>				

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Hunt		First Donald	MI	Contribution ID # 0702
Residential Street Address 31 Woodland Dr		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Sales		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/15/2013	Aggregate Contributions \$50.00
If yes, list Event # <u>11182013A</u>		\$50.00		
Last Name Durst		First Dorothy	MI	Contribution ID # 0704
Residential Street Address 25 Barlow Cemetery Rd		City Woodstock	State CT	Zip Code 06282
Principal Occupation School Administrator		Name of Employer State Of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/18/2013	Aggregate Contributions \$125.00
If yes, list Event # <u>11182013A</u>		\$100.00		
Last Name Canter		First Lisa	MI	Contribution ID # 0719
Residential Street Address 39 May Brook Rd		City Woodstock	State CT	Zip Code 06281
Principal Occupation Physian		Name of Employer NECCA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/18/2013	Aggregate Contributions \$100.00
If yes, list Event # <u>11182013A</u>		\$100.00		
Last Name Lumaj		First Peter	MI	Contribution ID # 0703
Residential Street Address 745 Mill Lain Rd		City Fairfield	State CT	Zip Code 06824
Principal Occupation Attorney		Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/18/2013	Aggregate Contributions \$100.00
If yes, list Event # <u>11182013A</u>		\$100.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Wakefield		First Tammy	MI	Contribution ID # 0707
Residential Street Address 91A Nreynolds St		City Danielson	State CT	Zip Code 06239
Principal Occupation		Name of Employer Westview Health Care Center		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/18/2013	Aggregate Contributions \$50.00
If yes, list Event # <u>11182013A</u>		\$50.00		
Last Name Kopcha		First Theodora	MI L	Contribution ID # 0712
Residential Street Address 17 Uncas Rd		City Old Saybrook	State CT	Zip Code 06475-2729
Principal Occupation Assistant Principal Of School		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/18/2013	Aggregate Contributions \$10.00
If yes, list Event # <u>11192013A</u>		\$10.00		
Last Name Lindsay		First Maria	MI T	Contribution ID # 0713
Residential Street Address 4 Quigley Rd		City Wallingford	State CT	Zip Code 06492
Principal Occupation		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/18/2013	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name Hoyt		First Charles	MI K	Contribution ID # 0714
Residential Street Address 282 Joshuatown Rd		City Lyme	State CT	Zip Code 06371
Principal Occupation Former Architect		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/18/2013	Aggregate Contributions \$375.00
If yes, list Event # <u>11192013A</u>		\$375.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Parkman		First Roger	MI W	Contribution ID # 0723
Residential Street Address 282 JoshuaTown Rd		City Lyme	State CT	Zip Code 06371
Principal Occupation Realtor		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/18/2013	Aggregate Contributions \$250.00
If yes, list Event # <u>11192013A</u>		\$250.00		
Last Name Adiletta		First Joseph	MI M	Contribution ID # 0715
Residential Street Address PO Box 174		City East Woodstock	State CT	Zip Code 06244
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/18/2013	Aggregate Contributions \$50.00
If yes, list Event # <u>11182013A</u>		\$50.00		
Last Name Durst		First Wayne	MI W	Contribution ID # 0716
Residential Street Address 25 Barlow Cemetery Rd		City Woodstock Valley	State CT	Zip Code 06282
Principal Occupation Manager		Name of Employer Retired/State Of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/18/2013	Aggregate Contributions \$50.00
If yes, list Event # <u>11182013A</u>		\$50.00		
Last Name Weber		First Brock	MI L	Contribution ID # 0717
Residential Street Address 5 Pinehurst Rd		City Bristol	State CT	Zip Code 06010-2930
Principal Occupation Campaign Mnagaer		Name of Employer Lumaj 2014		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/18/2013	Aggregate Contributions \$50.00
If yes, list Event # <u>11182013A</u>		\$50.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Bunnell		First Dean	MI E	Contribution ID # 0718
Residential Street Address 37 School House Rd		City Eastford	State CT	Zip Code 06242
Principal Occupation Design Electrical Engineer		Name of Employer Spectra Automation		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/18/2013	Aggregate Contributions \$100.00
If yes, list Event # <u>11182013A</u>		\$100.00		
Last Name Ebbitt		First Kenneth	MI C	Contribution ID # 0721
Residential Street Address 175 Pulpit Rock Rd		City Woodstock	State CT	Zip Code 06281
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/18/2013	Aggregate Contributions \$50.00
If yes, list Event # <u>11182013A</u>		\$50.00		
Last Name Boldry		First J Stuart	MI	Contribution ID # 0722
Residential Street Address 73 Woodstock Rd		City East Woodstock	State CT	Zip Code 06244-0186
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/18/2013	Aggregate Contributions \$100.00
If yes, list Event # <u>11182013A</u>		\$100.00		
Last Name Higgins		First Edwin	MI C	Contribution ID # 0720
Residential Street Address 635 Route 197		City Woodstock	State CT	Zip Code 06281
Principal Occupation		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/18/2013	Aggregate Contributions \$50.00
If yes, list Event # <u>11182013A</u>		\$50.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Dauphinais		First Anne	MI	Contribution ID # 0706
Residential Street Address 204 Wright Rd		City Danielson	State CT	Zip Code 06239
Principal Occupation None		Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/18/2013	Aggregate Contributions \$100.00
If yes, list Event # <u>11182013A</u>		\$100.00		
Last Name Valentine		First Nora	MI	Contribution ID # 0705
Residential Street Address 49 Brickyard Rd		City Woodstock	State CT	Zip Code 06281
Principal Occupation		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/18/2013	Aggregate Contributions \$50.00
If yes, list Event # <u>11182013A</u>		\$50.00		
Last Name Ferron		First Beverly	MI	Contribution ID # 0708
Residential Street Address 102 Squaw Rock Rd		City Danielson	State CT	Zip Code 06239
Principal Occupation Owner		Name of Employer Feron Mold & Tool		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/18/2013	Aggregate Contributions \$40.00
If yes, list Event # <u>11182013A</u>		\$40.00		
Last Name Chupaska		First Leo	MI	Contribution ID # 0711
Residential Street Address 68 Swanty Johnson Rd		City Uncasville	State CT	Zip Code 06382
Principal Occupation Cheif Financial Officer		Name of Employer Moheagan Tribe		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/18/2013	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Lacy		First Patrick	MI J	Contribution ID # 0710
Residential Street Address 41 Dogwood Rd		City Moodus	State CT	Zip Code 06469
Principal Occupation Sales & Dist.		Name of Employer A.G.S. Dist.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/18/2013	Aggregate Contributions \$100.00
If yes, list Event # <u>11182013A</u>		\$50.00		
Last Name Eiler		First J.R.	MI	Contribution ID # 0709
Residential Street Address 36 Bunny Ln		City Brooklyn	State CT	Zip Code 06234
Principal Occupation Medical Billing/Coding		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/18/2013	Aggregate Contributions \$40.00
If yes, list Event # <u>11182013A</u>		\$40.00		
Last Name Kelsey		First David	MI J	Contribution ID # 0726
Residential Street Address 3 Lake Dr		City Old Lyme	State CT	Zip Code 06371
Principal Occupation Investor		Name of Employer Hamilton Point Investments		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/19/2013	Aggregate Contributions \$100.00
If yes, list Event # <u>11192013A</u>		\$100.00		
Last Name Peluso		First Stephen	MI R	Contribution ID # 0733
Residential Street Address 36 Park St		City Putnam	State CT	Zip Code 06260
Principal Occupation Fiscal Admin. St. Of CT		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/19/2013	Aggregate Contributions \$50.00
If yes, list Event # <u>11182013A</u>		\$25.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Shriver		First Richard	MI H	Contribution ID # 0724
Residential Street Address 1 Pilgrims Lndg		City Old Lyme	State CT	Zip Code 06371
Principal Occupation None		Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/19/2013	Aggregate Contributions \$100.00
If yes, list Event # <u>11192013A</u>		\$100.00		
Last Name Sharp		First Matthew	MI A	Contribution ID # 0727
Residential Street Address 67 Bill Hill Rd		City Lyme	State CT	Zip Code 06371-3519
Principal Occupation Investor		Name of Employer Hamilton Point Investment		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/19/2013	Aggregate Contributions \$100.00
If yes, list Event # <u>11192013A</u>		\$100.00		
Last Name Kezer		First Pauline	MI R	Contribution ID # 0728
Residential Street Address 47 Owaneco Trl		City Old Saybrook	State CT	Zip Code 06475-1842
Principal Occupation		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/19/2013	Aggregate Contributions \$50.00
If yes, list Event # <u>11192013A</u>		\$50.00		
Last Name Mallory		First Diane	MI	Contribution ID # 0729
Residential Street Address 20 Lyme St		City Old Lyme	State CT	Zip Code 06371
Principal Occupation Interior Designer		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/19/2013	Aggregate Contributions \$100.00
If yes, list Event # <u>11192013A</u>		\$100.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Carney		First Devin	MI	Contribution ID # 0730
Residential Street Address 143 Kingfisher Ln		City Westbrook	State CT	Zip Code 06498
Principal Occupation Realtor		Name of Employer Coldwell Banker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/19/2013	Aggregate Contributions \$20.00
If yes, list Event # <u>11192013A</u>		\$20.00		
Last Name Rixon		First Christopher	MI J	Contribution ID # 0731
Residential Street Address 17 Lema Rd		City Mystic	State CT	Zip Code 06355
Principal Occupation Attorney		Name of Employer Reid And Riege P.C.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/19/2013	Aggregate Contributions \$100.00
If yes, list Event # <u>11192013A</u>		\$100.00		
Last Name Durst		First Jeffrey	MI M	Contribution ID # 0732
Residential Street Address 439 Arospect St		City Woodstock	State CT	Zip Code 06281
Principal Occupation Manager		Name of Employer Hull Forest Products		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/19/2013	Aggregate Contributions \$50.00
If yes, list Event # <u>11182013A</u>		\$50.00		
Last Name Lewis		First Geraldine	MI	Contribution ID # 0725
Residential Street Address 519 Main St		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Paralegal		Name of Employer Holth & Kollman		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/19/2013	Aggregate Contributions \$75.00
If yes, list Event # <u>11192013A</u>		\$50.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Penny For CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Vamos	First John	MI	Contribution ID # 0734
Residential Street Address 27 Clark Rd	City Broad Brook	State CT	Zip Code 06016
Principal Occupation Policy Analyst	Name of Employer State Of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/20/2013	Aggregate Contributions \$50.00
If yes, list Event #	\$50.00		

Last Name Rutigliano	First David	MI	Contribution ID # 0735
Residential Street Address 52 Stemway Rd	City Trumbull	State CT	Zip Code 06611
Principal Occupation Chef	Name of Employer SBC Restaurant & Brewery		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/21/2013	Aggregate Contributions \$100.00
If yes, list Event #	\$100.00		

Last Name Kanizaj	First Stephen	MI	Contribution ID # 0736
Residential Street Address 225 Springbrook Rd	City Old Saybrook	State CT	Zip Code 06475-1250
Principal Occupation	Name of Employer Unilever H.P.C.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/22/2013	Aggregate Contributions \$100.00
If yes, list Event # <u>11192013A</u>	\$100.00		

Last Name Mayhew	First Russell, Jr	MI	Contribution ID # 0737
Residential Street Address 226 Eastford Rd / P.O. Box 185	City Eastford	State CT	Zip Code 06242
Principal Occupation	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/27/2013	Aggregate Contributions \$50.00
If yes, list Event #	\$50.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Healy		First Christopher	MI C	Contribution ID # 0738
Residential Street Address 27 Dorchester Rd		City Wethersfield	State CT	Zip Code 06109
Principal Occupation		Name of Employer Summitt Financial		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/27/2013	Aggregate Contributions \$100.00
Last Name Onozie		First Nathaniel	MI C	Contribution ID # 0743
Residential Street Address 8623 Camber Brook Dr		City Houston	State TX	Zip Code 77089
Principal Occupation Engineer		Name of Employer O'Reilly		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/02/2013	Aggregate Contributions \$200.00
Last Name Conway		First William	MI	Contribution ID # 0740
Residential Street Address 45 Allen Pl Apt A4		City Hartford	State CT	Zip Code 06106
Principal Occupation Outreach Coordinator		Name of Employer House Republican Office		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/02/2013	Aggregate Contributions \$25.00
Last Name Rell		First Michael	MI L	Contribution ID # 0739
Residential Street Address 57 Broad St		City Wethersfield	State CT	Zip Code 06109
Principal Occupation Director Of Outreach		Name of Employer State Of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/02/2013	Aggregate Contributions \$75.00

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Hutton		First Deborah	MI	Contribution ID # 0742
Residential Street Address 20 Hilltop Dr		City West Hartford	State CT	Zip Code 06107
Principal Occupation Attorney		Name of Employer State Of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/02/2013	Aggregate Contributions \$25.00
Last Name Morrow		First Catherine	MI	Contribution ID # 0741
Residential Street Address 32 Brace Rd		City Somers	State CT	Zip Code 06071
Principal Occupation Legislative Aid		Name of Employer State Of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/02/2013	Aggregate Contributions \$50.00
Last Name Mauriello		First Elise	MI	Contribution ID # 0744
Residential Street Address 100 Judd Farm Rd		City Watertown	State CT	Zip Code 06795
Principal Occupation None		Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/02/2013	Aggregate Contributions \$100.00
Last Name Marino		First Chris	MI	Contribution ID # 0745
Residential Street Address 426 Old Middle St		City Goshen	State CT	Zip Code 06756
Principal Occupation Firearms Sales & Service		Name of Employer Autumn Gun Works, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/02/2013	Aggregate Contributions \$100.00

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Schaeffer		First Edward	MI	Contribution ID # 0748
Residential Street Address 19 Macarthur Rd		City North Haven	State CT	Zip Code 06473
Principal Occupation Legislative Aid		Name of Employer CT General Assembly		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/03/2013	Aggregate Contributions \$25.00
If yes, list Event # <u>12042013A</u>				
Last Name Effren		First Jackie	MI	Contribution ID # 0747
Residential Street Address 182 Rowayton Woods Dr		City Norwalk	State CT	Zip Code 06854
Principal Occupation Outreach		Name of Employer State Of CT House Republicans		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/03/2013	Aggregate Contributions \$25.00
If yes, list Event # <u>12042013A</u>				
Last Name Barmes		First Tom	MI	Contribution ID # 0746
Residential Street Address 1922 Perkins St		City Bristol	State CT	Zip Code 06010
Principal Occupation Financial Advisor		Name of Employer LPL Financial		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/03/2013	Aggregate Contributions \$50.00
If yes, list Event #				
Last Name Baker		First George	MI	Contribution ID # 0765
Residential Street Address 268 Hartford Tpke Unit B-3		City Tolland	State CT	Zip Code 06084
Principal Occupation Attorney		Name of Employer George A. Baker Law Firm		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/04/2013	Aggregate Contributions \$100.00
If yes, list Event # <u>12042013A</u>				

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Roy		First Lisa	MI	Contribution ID # 0759
Residential Street Address 23 Silversmith Rd		City Unionville	State CT	Zip Code 06085
Principal Occupation Legislative Aid		Name of Employer State Of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/04/2013	Aggregate Contributions \$75.00
If yes, list Event # <u>12042013A</u>		\$25.00		
Last Name Fryxell		First Christopher	MI	Contribution ID # 0764
Residential Street Address 1 Sagamore Ter E		City Westbrook	State CT	Zip Code 06498
Principal Occupation Communications		Name of Employer State Of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/04/2013	Aggregate Contributions \$50.00
If yes, list Event # <u>12042013A</u>		\$50.00		
Last Name Hennessy		First Kevin	MI	Contribution ID # 0762
Residential Street Address 33 Walton Dr		City West Hartford	State CT	Zip Code 06107
Principal Occupation Director - Federal, State & Local A		Name of Employer Dominion Resources, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/04/2013	Aggregate Contributions \$100.00
If yes, list Event # <u>12042013A</u>		\$100.00		
Last Name Sundie		First Bryan	MI	Contribution ID # 0750
Residential Street Address 171 Elm St		City Winsted	State CT	Zip Code 06098
Principal Occupation Public Relations		Name of Employer State Of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/04/2013	Aggregate Contributions \$75.00
If yes, list Event # <u>12042013A</u>		\$50.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Defilippo		First Gary	MI	Contribution ID # 0756
Residential Street Address 43 Perch Rd		City Shelton	State CT	Zip Code 06484
Principal Occupation Legislative Aid		Name of Employer State Of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/04/2013	Aggregate Contributions \$25.00
If yes, list Event # <u>12042013A</u>		\$25.00		
Last Name Downes		First Michael	MI	Contribution ID # 0753
Residential Street Address 175 S End Rd Unit 40		City East Haven	State CT	Zip Code 06512
Principal Occupation Legislative Employee		Name of Employer State Of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/04/2013	Aggregate Contributions \$50.00
If yes, list Event # <u>12042013A</u>		\$25.00		
Last Name Healey		First John	MI	Contribution ID # 0751
Residential Street Address 8 Poplar Hill Dr		City Farmington	State CT	Zip Code 06032
Principal Occupation Government		Name of Employer City Of New Britain		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/04/2013	Aggregate Contributions \$35.00
If yes, list Event #		\$35.00		
Last Name Schmitt		First Jared	MI	Contribution ID # 0752
Residential Street Address 251 Harveter Rd		City Orange	State CT	Zip Code 06477
Principal Occupation Political Research		Name of Employer State Of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/04/2013	Aggregate Contributions \$40.00
If yes, list Event # <u>12042013A</u>		\$40.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Grise'		First Julie	MI	Contribution ID # 0754
Residential Street Address 74 Outlook Ave		City West Hartford	State CT	Zip Code 06119
Principal Occupation		Name of Employer UTC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/04/2013	Aggregate Contributions \$25.00
If yes, list Event # <u>12042013A</u>		\$25.00		
Last Name McHale		First Daniel	MI J	Contribution ID # 0755
Residential Street Address 22 Juniper Dr		City Avon	State CT	Zip Code 06001
Principal Occupation		Name of Employer DOD Fed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/04/2013	Aggregate Contributions \$100.00
If yes, list Event # <u>12042013A</u>		\$100.00		
Last Name Williams		First David	MI	Contribution ID # 0757
Residential Street Address 2312 Habor View Dr		City Rocky Hill	State CT	Zip Code 06067
Principal Occupation Legislative Assistant		Name of Employer State Of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/04/2013	Aggregate Contributions \$30.00
If yes, list Event # <u>12042013A</u>		\$30.00		
Last Name Larkins		First Casey	MI A	Contribution ID # 0760
Residential Street Address 34 Fairview St Apt C2		City West Hartford	State CT	Zip Code 06112
Principal Occupation		Name of Employer State Of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/04/2013	Aggregate Contributions \$25.00
If yes, list Event # <u>12042013A</u>		\$25.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Stark		First Jason	MI	Contribution ID # 0761
Residential Street Address 40 Village Dr Apt 116		City Wethersfield	State CT	Zip Code 06109
Principal Occupation Policy Analyst		Name of Employer State Of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/04/2013	Aggregate Contributions \$25.00
If yes, list Event # <u>12042013A</u>		\$25.00		
Last Name Smith		First Jessica	MI	Contribution ID # 0763
Residential Street Address 87 Knollwood Dr		City Wallingford	State CT	Zip Code 06492
Principal Occupation Web Design		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/04/2013	Aggregate Contributions \$20.00
If yes, list Event # <u>12042013A</u>		\$20.00		
Last Name Malloy		First Kerri	MI	Contribution ID # 0758
Residential Street Address 96 Silo Dr		City Wethersfield	State CT	Zip Code 06109
Principal Occupation		Name of Employer House Republicans Office		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/04/2013	Aggregate Contributions \$25.00
If yes, list Event # <u>12042013A</u>		\$25.00		
Last Name Skehan		First Jennifer	MI	Contribution ID # 0749
Residential Street Address 27 Hunting Ridge Dr		City Simsbury	State CT	Zip Code 06070
Principal Occupation Administrative Assistant		Name of Employer State Of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/04/2013	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Penny For CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name D'Agata	First Ronald	MI A	Contribution ID # 0771
Residential Street Address 21 Moore Dr	City Windsor	State CT	Zip Code 06095
Principal Occupation Retired	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/09/2013	Aggregate Contributions \$5.00
If yes, list Event #	\$5.00		

Last Name Betten	First Michael	MI G	Contribution ID # 0766
Residential Street Address 68 Wawecus Hill Rd	City Bozrah	State CT	Zip Code 06334
Principal Occupation Physician	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/10/2013	Aggregate Contributions \$20.00
If yes, list Event #	\$20.00		

Last Name Speh	First Warren	MI G	Contribution ID # 0768
Residential Street Address 647 Lantern Hill Rd	City North Stonington	State CT	Zip Code 06359
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/10/2013	Aggregate Contributions \$250.00
If yes, list Event #	\$250.00		

Last Name DePino	First Chris	MI A	Contribution ID # 0767
Residential Street Address 1160 Townsend Ave	City New Haven	State CT	Zip Code 06512
Principal Occupation Lobbyist	Name of Employer DePino Associates		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/10/2013	Aggregate Contributions \$100.00
If yes, list Event #	\$100.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Hwang		First Tony	MI	Contribution ID # 0770
Residential Street Address 80 Martingale Ln		City Fairfield	State CT	Zip Code 06824
Principal Occupation Real Estate		Name of Employer Whitefield Homes LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/10/2013	Aggregate Contributions \$50.00
Last Name Radel		First William	MI D	Contribution ID # 0769
Residential Street Address 102 Darby Rd		City Brooklyn	State CT	Zip Code 06234-1514
Principal Occupation Greeter		Name of Employer Day Kimball Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/10/2013	Aggregate Contributions \$50.00
Last Name Osborn		First Charles	MI	Contribution ID # 0772
Residential Street Address 71 Anderson Rd		City East Hartford	State CT	Zip Code 06027
Principal Occupation Sale Engineer		Name of Employer PTI Industries, Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/15/2013	Aggregate Contributions \$10.00
Last Name Sabel		First Allan	MI	Contribution ID # 0776
Residential Street Address 26 Hawthorne Ridge Cir		City Trumbull	State CT	Zip Code 06611-5802
Principal Occupation Public Insurance Adjuster		Name of Employer Sabel Adjusters, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>11122013A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/16/2013	Aggregate Contributions \$375.00

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Camassar		First Scott	MI	Contribution ID # 0774
Residential Street Address 62 Ox Hill Rd		City Norwich	State CT	Zip Code 06360
Principal Occupation Attorney		Name of Employer The Law Firm Of Stephen M. Reck, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/16/2013	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name Chagnon		First Robert	MI	Contribution ID # 0775
Residential Street Address 4 Monroe Rd		City Enfield	State CT	Zip Code 06082
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/16/2013	Aggregate Contributions \$45.00
If yes, list Event #		\$25.00		
Last Name Roebelen		First Faith	MI	Contribution ID # 0773
Residential Street Address 92 Wendover Rd		City Suffield	State CT	Zip Code 06078
Principal Occupation Registered Nurse		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/16/2013	Aggregate Contributions \$100.00
If yes, list Event #		\$25.00		
Last Name Drew		First Robert	MI	Contribution ID # 0778
Residential Street Address 518 Route 81		City Killingworth	State CT	Zip Code 06419
Principal Occupation Software Engineer		Name of Employer Summit Technical Services		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/17/2013	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Browne		First Helen	MI R	Contribution ID # 0777
Residential Street Address 36 Vina Ln Apt 309		City Brooklyn	State CT	Zip Code 06234
Principal Occupation Pharmacist		Name of Employer Johnson Memorial Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/17/2013	Aggregate Contributions \$50.00
Last Name Mizak		First Linda	MI 0779	Contribution ID #
Residential Street Address 196 Soundview Ave		City Shelton	State CT	Zip Code 06484
Principal Occupation Registered Nurse		Name of Employer Yale New Haven Health		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/18/2013	Aggregate Contributions \$50.00
Last Name Wieliczka		First Janet	MI 0780	Contribution ID #
Residential Street Address 106 Snipsic Lake Rd		City Ellington	State CT	Zip Code 06029
Principal Occupation Teacher		Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/20/2013	Aggregate Contributions \$50.00
Last Name Emond		First Howard, Jr.	MI E	Contribution ID # 0782
Residential Street Address 54 Timber Ln		City Willington	State CT	Zip Code 06279
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/20/2013	Aggregate Contributions \$100.00
				\$75.00

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Capano		First Jean	MI	Contribution ID # 0781
Residential Street Address 6 Trails End		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Homemaker		Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/20/2013	Aggregate Contributions \$375.00
If yes, list Event #		\$375.00		
Last Name Crowther		First Eleanor	MI O	Contribution ID # 0783
Residential Street Address 7 Ginger Cir		City Portland	State CT	Zip Code 06480
Principal Occupation Retired		Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/23/2013	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Curlew		First William	MI D	Contribution ID # 0784
Residential Street Address 60 Basswood Rd		City Windsor	State CT	Zip Code 06095
Principal Occupation None		Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/23/2013	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Hanlon		First William	MI N	Contribution ID # 0786
Residential Street Address 33 Pleasant St		City Bethel	State CT	Zip Code 06801-2338
Principal Occupation Salesman		Name of Employer U.S. Insulation Corp.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/23/2013	Aggregate Contributions \$40.00
If yes, list Event #		\$20.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Penny For CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Navickas	First John	MI W	Contribution ID # 0785
Residential Street Address 20 Caffyn Dr	City Marlborough	State CT	Zip Code 06447
Principal Occupation Retired	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/23/2013	Aggregate Contributions \$20.00
If yes, list Event #	\$20.00		

Last Name Vaughan	First Linda	MI A	Contribution ID # 0787
Residential Street Address 95 Frisbie St	City Middletown	State CT	Zip Code 06457
Principal Occupation Bookkeeper	Name of Employer Apple Rehab		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/24/2013	Aggregate Contributions \$100.00
If yes, list Event #	\$100.00		

Last Name Hinchliffe	First John	MI C	Contribution ID # 0790
Residential Street Address 7 Morton St	City Stafford Springs	State CT	Zip Code 06076
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/27/2013	Aggregate Contributions \$100.00
If yes, list Event #	\$50.00		

Last Name Betts	First George	MI W	Contribution ID # 0791
Residential Street Address 1924 Perkins St	City Bristol	State CT	Zip Code 06010
Principal Occupation Legislator	Name of Employer State Of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/27/2013	Aggregate Contributions \$100.00
If yes, list Event #	\$100.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Morrill		First Mildred	MI	Contribution ID # 0788
Residential Street Address 101 Mountain View Rd		City Somers	State CT	Zip Code 06071
Principal Occupation		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/27/2013	Aggregate Contributions \$75.00
Last Name Morrill		First Everett	MI E	Contribution ID # 0789
Residential Street Address 101 Mountain View Rd		City Somers	State CT	Zip Code 06071
Principal Occupation Retired		Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/27/2013	Aggregate Contributions \$75.00
Last Name Ziobron		First Melissa	MI	Contribution ID # 0792
Residential Street Address 181 Petticat Ln		City East Haddam	State CT	Zip Code 06013-0642
Principal Occupation Legislator		Name of Employer State Of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/28/2013	Aggregate Contributions \$100.00
Last Name Stone		First Andrew	MI	Contribution ID # 0793
Residential Street Address 3 Fawn Hill Dr		City Burlington	State CT	Zip Code 06013
Principal Occupation Insurance		Name of Employer HCC Global		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/29/2013	Aggregate Contributions \$375.00

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Tragakiss		First Tamara	MI	Contribution ID # 0796
Residential Street Address 195 Mansfield Rd		City Harwinton	State CT	Zip Code 06791
Principal Occupation Consultant		Name of Employer Self-Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/29/2013	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Ramonas		First Robert	MI R	Contribution ID # 0799
Residential Street Address 176 Shadybrook Ln		City Waterbury	State CT	Zip Code 06706
Principal Occupation R.N.		Name of Employer State Of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/29/2013	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Phoenix		First Melanie	MI H	Contribution ID # 0801
Residential Street Address 5 Ingraham Hill Rd		City Essex	State CT	Zip Code 06426-1506
Principal Occupation N/A		Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/29/2013	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Bjorkman		First Paul	MI	Contribution ID # 0803
Residential Street Address 71 Stoughton Rd		City East Windsor	State CT	Zip Code 06088
Principal Occupation Plumber		Name of Employer Hartford Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/29/2013	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Newcombe		First Katherine	MI	Contribution ID # 0794
Residential Street Address 58 Old Kings Hwy		City Hampton	State CT	Zip Code 06247
Principal Occupation Deputy Registrar / Board Of Finance		Name of Employer Town Of Hampton		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/29/2013	Aggregate Contributions \$50.00
Last Name Forrest		First Adrienne	MI	Contribution ID # 0795
Residential Street Address 124 River Rd		City Essex	State CT	Zip Code 06426
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/29/2013	Aggregate Contributions \$150.00
Last Name Morrison		First Desiree	MI	Contribution ID # 0804
Residential Street Address 7 Susan Dr		City Stafford Springs	State CT	Zip Code 06076
Principal Occupation Registration		Name of Employer Johnson Memorial Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/29/2013	Aggregate Contributions \$100.00
Last Name Gelinas		First Mary Ellen	MI	Contribution ID # 0800
Residential Street Address 15 Hillcrest Dr		City Stafford Springs	State CT	Zip Code 06076
Principal Occupation Sale Director		Name of Employer Glaxo Smith Kline		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/29/2013	Aggregate Contributions \$100.00

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Akintade		First Ajoke	MI	Contribution ID # 0797
Residential Street Address 14065 Big Branch Dr		City Dayton	State MD	Zip Code 21036
Principal Occupation Medical Doctor		Name of Employer Mount Washington Pediatric Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/29/2013	Aggregate Contributions \$50.00
If yes, list Event #		\$25.00		
Last Name Houlihan		First Robert	MI	Contribution ID # 0798
Residential Street Address 448 Barton Dr		City Orange	State CT	Zip Code 06477
Principal Occupation CPA		Name of Employer Laggis and Houlihan, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/29/2013	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name Eaton		First David	MI	Contribution ID # 0802
Residential Street Address 1121 Buckley Hwy		City Union	State CT	Zip Code 06076
Principal Occupation Public Works		Name of Employer Town Of Union		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/29/2013	Aggregate Contributions \$60.00
If yes, list Event #		\$15.00		
Last Name Atkinson		First Todd	MI	Contribution ID # 0808
Residential Street Address 18 Old Mill Dr		City Canton	State CT	Zip Code 01108-0601
Principal Occupation Photographer		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/31/2013	Aggregate Contributions \$100.00
If yes, list Event #		\$50.00		

I. MONETARY RECEIPTS (Section A-J)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Benson		First Victor	MI	Contribution ID # 0807
Residential Street Address 25 Old State Rd		City New Milford	State CT	Zip Code 06776
Principal Occupation Merchant		Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/31/2013	Aggregate Contributions \$60.00
Last Name Kuraska		First Mary Ellen	MI	Contribution ID # 0809
Residential Street Address 5 Surrey Ln		City Enfield	State CT	Zip Code 06082
Principal Occupation		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/31/2013	Aggregate Contributions \$50.00
Last Name Nevue		First Janet	MI	Contribution ID # 0810
Residential Street Address 58B Furnace Ave		City Stafford Springs	State CT	Zip Code 06076
Principal Occupation Shipping Receiving Supervisor		Name of Employer Esteem MFG.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/31/2013	Aggregate Contributions \$100.00
Last Name Malcynsky		First Jay	MI	Contribution ID # 0806
Residential Street Address 25 Parkers Point Rd		City Chester	State CT	Zip Code 06412
Principal Occupation Lobbyist / Attorney		Name of Employer Gaffney Bennett		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/31/2013	Aggregate Contributions \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
B. Itemized Contributions from Individuals				
Last Name Campbell		First William	MI F 0805	
Residential Street Address 214 Tracy Dr		City Vernon	State CT Zip Code 06066	
Principal Occupation Engineer		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/31/2013	Aggregate Contributions \$100.00
If yes, list Event #				\$50.00
				Total of Section B \$17,473.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Total on Line 14 of Summary Page)</i>				\$17,713.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
C1. Contributions from Other Committees				
Name of Committee		Name of Treasurer		
Address		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions
				Total of Section C1

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT		
Penny For CT	January 10 Filing - Original		
C2. Reimbursements, Payments, or Surplus Distributions from other Committees			
Name of Committee	Name of Treasurer		
Address	Date Received		Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services
Total of Section C2			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT		
Penny For CT	January 10 Filing - Original		
D. Loans Received this Period			
Name of Lender	Source of Loan:		
	Bank	Candidate	Individual
Street Address	City	State	Zip Code
Is there a cosigner or Guarantor of this loan?			
Yes No			
Name of Cosigner/Guarantor (if applicable)			
Street Address	City	State	Zip Code
Total of Section D			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT		
Penny For CT	January 10 Filing - Original		
E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)			

Date of Receipt	Method of Payment	Amount		
	Cash	Personal Check	Credit/Debit Card	
Total of Section E				

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT		
Penny For CT	January 10 Filing - Original		
G. Interest from Deposits in Authorized Accounts			
Name of Institution	Date Received		Amount
Street Address	City	State	Zip Code
Total of Section G			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT		
Penny For CT	January 10 Filing - Original		
H. Public Grant Funds Received from the Citizens' Election Fund			
Purpose of Grant:	Initial	Grant Adjustment	Grant Cycle:
			Primary General Election Special Election
Total of Section H			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT		
Penny For CT	January 10 Filing - Original		
I. Miscellaneous Monetary Receipts not Considered Contributions			
Name	Date of Transaction		Amount Received
Tavern	12/03/2013		
Street Address	City	State	Zip Code
262 Main St	Monroe	CT	06468
Description			\$100.00
Return Of Deposit/Over Payment			
Total of Section I			\$100.00

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

NAME OF COMMITTEE		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
J1. Fundraising Event Information				
Fundraising Event # Date of Fundraiser 10/25/2013		Letter A Description Party Event		
Location: Street Address 163 Cemetery Rd			City Union	State CT Zip Code 06076
Was this fundraising event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations. <input type="checkbox"/> No		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No \$0.00		
Fundraising Event # Date of Fundraiser 11/03/2013		Letter A Description Cocktail Event		
Location: Street Address 20 Canterbury Ln			City Avon	State CT Zip Code 06001
Was this fundraising event hosted at a personal residence?		<input type="checkbox"/> Yes if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations. <input checked="" type="checkbox"/> No		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No \$0.00		
Fundraising Event # Date of Fundraiser 11/12/2013		Letter A Description Cocktail Event		
Location: Street Address 262 Main St			City Monroe	State CT Zip Code 06468
Was this fundraising event hosted at a personal residence?		<input type="checkbox"/> Yes if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations. <input checked="" type="checkbox"/> No		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No \$0.00		

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

NAME OF COMMITTEE		TYPE OF REPORT		
Penny For CT		January 10 Filing - Original		
J1. Fundraising Event Information				
Fundraising Event # Date of Fundraiser 11/18/2013	Letter A	Description Cocktail Event		
Location: Street Address 39 May Brook Rd		City Woodstock	State CT	Zip Code 06281
Was this fundraising event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes	if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.	
		<input type="checkbox"/> No		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes	If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
		<input checked="" type="checkbox"/> No		
Subpart 1:				
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)	
		<input checked="" type="checkbox"/> No	\$0.00	
Fundraising Event # Date of Fundraiser 11/19/2013	Letter A	Description Cocktail Event		
Location: Street Address 20 Old Lyme St		City Old Lyme	State CT	Zip Code 06371
Was this fundraising event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes	if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.	
		<input type="checkbox"/> No		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes	If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
		<input checked="" type="checkbox"/> No		
Subpart 1:				
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)	
		<input checked="" type="checkbox"/> No	\$0.00	
Fundraising Event # Date of Fundraiser 12/04/2013	Letter A	Description Meet and Greet Event		
Location: Street Address 360 Broad St		City Hartford	State CT	Zip Code 06105
Was this fundraising event hosted at a personal residence?		<input type="checkbox"/> Yes	if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.	
		<input checked="" type="checkbox"/> No		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes	If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
		<input checked="" type="checkbox"/> No		
Subpart 1:				
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)	
		<input checked="" type="checkbox"/> No	\$0.00	

Total of Section J1	\$0.00
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II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Penny For CT	January 10 Filing - Original
J3. In-Kind Donations Not Considered Contributions	

Name of the Donor			
Street Address	City	State	Zip Code
Donation Given by: Individual Business Entity Sole Proprietorship	Description of Donation		Fair Market Value of Donation
	Date Received	Event #	
		Aggregate value for this event	
Total of Section J3			

III. NONMONETARY RECEIPTS (Sections K - M)

NAME OF COMMITTEE	TYPE OF REPORT		
Penny For CT	January 10 Filing - Original		
K. In-Kind Contributions			
Name			
Street Address	City	State	Zip Code
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#		Description of In-Kind Contribution	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?		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:	
Yes		Yes	
No		No	
Executive		Legislative	
Type of Contributor:		Aggregate contributions	
Individual	Committee	Date Received	
Total of Section K			

III. Non Monetary Receipts (Sections K - M)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Penny For CT	January 10 Filing - Original

L. Refundable Deposit to Telephone Company

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

III. NONMONETARY RECEIPTS (Sections K - M)

NAME OF COMMITTEE	TYPE OF REPORT
Penny For CT	January 10 Filing - Original
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee - OPTIONAL See Public Act 11-48	

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Penny For CT		January 10 Filing - Original	
N. Expenses Paid By Committee			
Name of Payee Democracy Engine, LLC		Date of Payment 10/02/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address 850 Quincy St NW # 402		City Washington	State DC Zip Code 20011
Purpose of Expend Misc *	Description Exploratory Committee Online Credit Card Contributions Processing Fees		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$35.54
Name of Payee Northeast Printing Network, LLC		Date of Payment 10/07/2013	Method of Payment <input checked="" type="checkbox"/> Check # <u>1021</u> <input type="checkbox"/> Debit Card
Street Address 135 Sebethe Dr		City Cromwell	State CT Zip Code 06416
Purpose of Expend Misc *	Description Printing Of Event Invites Response Cards And Postage		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$720.74
Name of Payee Northeast Printing Network, LLC		Date of Payment 10/07/2013	Method of Payment <input checked="" type="checkbox"/> Check # <u>1022</u> <input type="checkbox"/> Debit Card
Street Address 135 Sebethe Dr		City Cromwell	State CT Zip Code 06416
Purpose of Expend Misc *	Description Printing & Postage Of Fundraising Materials		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$4,522.92

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Penny For CT		January 10 Filing - Original	
N. Expenses Paid By Committee			
Name of Payee Democracy Engine, LLC		Date of Payment 10/09/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address 850 Quincy St NW # 402		City Washington	State DC Zip Code 20011
Purpose of Expend Misc *	Description Exploratory Committee Online Credit Card Contributions Processing Fees		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$31.73
Name of Payee Democracy Engine, LLC		Date of Payment 10/16/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address 850 Quincy St NW # 402		City Washington	State DC Zip Code 20011
Purpose of Expend Misc *	Description Exploratory Committee Online Credit Card Contributions Processing Fees		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$6.95
Name of Payee The Tavern In Monroe		Date of Payment 10/16/2013	Method of Payment <input checked="" type="checkbox"/> Check # <u>1023</u> <input type="checkbox"/> Debit Card
Street Address 262 Main St		City Monroe	State CT Zip Code 06468
Purpose of Expend FNDR *	Description Deposit To The Tavern In Monroe		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			11122013A
			\$100.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Penny For CT		January 10 Filing - Original	
N. Expenses Paid By Committee			
Name of Payee Linda Bacchiochi		Date of Payment 10/22/2013	Method of Payment <input checked="" type="checkbox"/> Check # <u>1025</u> <input type="checkbox"/> Debit Card
Street Address 12 Hopyard Rd		City Stafford Springs	State CT Zip Code 06076
Purpose of Expend RCW	Description Candidate Reimbursement For Exploratory Committee Postage		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$654.00	
Name of Payee Linda Bacchiochi		Date of Payment 10/22/2013	Method of Payment <input checked="" type="checkbox"/> Check # <u>1024</u> <input type="checkbox"/> Debit Card
Street Address 12 Hopyard Rd		City Stafford Springs	State CT Zip Code 06076
Purpose of Expend RCW	Description Candidate Reimbursement Exploratory Committee Cell Phone		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$107.09	
Name of Payee Democracy Engine, LLC		Date of Payment 10/23/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address 850 Quincy St NW # 402		City Washington	State DC Zip Code 20011
Purpose of Expend Misc *	Description Exploratory Committee Online Credit Card Contributions Processing Fees		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$2.26	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Penny For CT		January 10 Filing - Original	
N. Expenses Paid By Committee			
Name of Payee Cline Strategies		Date of Payment 10/25/2013	Method of Payment <input checked="" type="checkbox"/> Check # <u>1026</u> <input type="checkbox"/> Debit Card
Street Address 115 Fisher Rd		City Middletown	State CT Zip Code 06457
Purpose of Expend RCW	Description Worker Reimbursement Exploratory Committee Websirte Services		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$160.66	
Name of Payee Cline & Barry Strategies LLC		Date of Payment 10/25/2013	Method of Payment <input checked="" type="checkbox"/> Check # <u>1027</u> <input type="checkbox"/> Debit Card
Street Address PO Box 2358		City Middletown	State CT Zip Code 06457
Purpose of Expend CNSLT	Description Exploratory Committee Consulting		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$406.99	
Name of Payee Democracy Engine, LLC		Date of Payment 10/29/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address 850 Quincy St NW # 402		City Washington	State DC Zip Code 20011
Purpose of Expend Misc *	Description Exploratory Committee Online Credit Card Contributions Processing Fees		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$11.85	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Penny For CT		January 10 Filing - Original	
N. Expenses Paid By Committee			
Name of Payee Democracy Engine, LLC		Date of Payment 10/30/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address 850 Quincy St NW # 402		City Washington	State DC Zip Code 20011
Purpose of Expend Misc *	Description Exploratory Committee Online Credit Card Contributions Processing Fees		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable) Event # \$8.47
Name of Payee Democracy Engine, LLC		Date of Payment 11/11/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address 850 Quincy St NW # 402		City Washington	State DC Zip Code 20011
Purpose of Expend Misc *	Description Exploratory Committee Online Credit Card Contributions Processing Fees		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable) Event # \$6.02
Name of Payee Tavern		Date of Payment 11/12/2013	Method of Payment <input checked="" type="checkbox"/> Check # <u>1028</u> <input type="checkbox"/> Debit Card
Street Address 262 Main St		City Monroe	State CT Zip Code 06468
Purpose of Expend FNDR *	Description Exploratory Committee Fundraiser Event Food & Beverage		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable) Event # 11122013A \$505.40

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Penny For CT		January 10 Filing - Original	
N. Expenses Paid By Committee			
Name of Payee Cline & Barry Strategies LLC		Date of Payment 11/15/2013	Method of Payment <input checked="" type="checkbox"/> Check # <u>1029</u> <input type="checkbox"/> Debit Card
Street Address PO Box 2358		City Middletown	State CT Zip Code 06457
Purpose of Expend CNSLT	Description Exploratory Committee Consultant		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$3,185.00	
Name of Payee Democracy Engine, LLC		Date of Payment 11/20/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address 850 Quincy St NW # 402		City Washington	State DC Zip Code 20011
Purpose of Expend Misc *	Description Exploratory Committee Online Credit Card Contributions Processing Fees		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$24.22	
Name of Payee Democracy Engine, LLC		Date of Payment 11/27/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address 850 Quincy St NW # 402		City Washington	State DC Zip Code 20011
Purpose of Expend Misc *	Description Exploratory Committee Online Credit Card Contributions Processing Fees		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$6.02	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Penny For CT		January 10 Filing - Original	
N. Expenses Paid By Committee			
Name of Payee U.S.P.S.		Date of Payment 12/03/2013	Method of Payment <input checked="" type="checkbox"/> Check # <u>1031</u> <input type="checkbox"/> Debit Card
Street Address P.O.		City Stafford Springs	State CT Zip Code 06076-9998
Purpose of Expend POST	Description Exploratory Committee Postage		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$230.00
Name of Payee Officers' Club of Connecticut, Inc.		Date of Payment 12/04/2013	Method of Payment <input checked="" type="checkbox"/> Check # <u>1030</u> <input type="checkbox"/> Debit Card
Street Address 360 Broad St		City Hartford	State CT Zip Code 06105-3713
Purpose of Expend FNDR *	Description Fundraiser Food & Beverage		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			12042013A
Name of Payee Linda Bacchiodi		Date of Payment 12/04/2013	Method of Payment <input checked="" type="checkbox"/> Check # <u>1032</u> <input type="checkbox"/> Debit Card
Street Address 12 Hopyard Rd		City Stafford Springs	State CT Zip Code 06076
Purpose of Expend POST	Description Exploratory Committee Postage		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$322.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Penny For CT		January 10 Filing - Original	
N. Expenses Paid By Committee			
Name of Payee Robert Arute		Date of Payment 12/08/2013	Method of Payment <input checked="" type="checkbox"/> Check # <u>1033</u> <input type="checkbox"/> Debit Card
Street Address 39 Clearbrook Dr		City Tolland	State CT Zip Code 06084
Purpose of Expend RCW	Description Exploratory Committee Reimbursement For NationBuilder Bill		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
		\$49.00	
Name of Payee Northeast Printing Network, LLC		Date of Payment 12/08/2013	Method of Payment <input checked="" type="checkbox"/> Check # <u>1034</u> <input type="checkbox"/> Debit Card
Street Address 135 Sebethe Dr		City Cromwell	State CT Zip Code 06416
Purpose of Expend PRNT	Description Exploratory Committee B-Cards		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
		\$122.30	
Name of Payee Google Inc.		Date of Payment 12/09/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address 1600 Amphitheatre Pkwy		City Mountain View	State CA Zip Code 94043
Purpose of Expend WEB	Description Exploratory Committee Google Apps For Web Site		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
		\$45.83	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Penny For CT		January 10 Filing - Original	
N. Expenses Paid By Committee			
Name of Payee Democracy Engine, LLC		Date of Payment 12/09/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address 850 Quincy St NW # 402		City Washington	State DC Zip Code 20011
Purpose of Expend Misc *	Description Exploratory Committee Online Credit Card Contributions Processing Fees		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$12.43
Name of Payee Linda Bacchiodi		Date of Payment 12/12/2013	Method of Payment <input checked="" type="checkbox"/> Check # <u>1036</u> <input type="checkbox"/> Debit Card
Street Address 12 Hopyard Rd		City Stafford Springs	State CT Zip Code 06076
Purpose of Expend RCW	Description Reimbursement Of Candidate		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$372.23
Name of Payee Democracy Engine, LLC		Date of Payment 12/17/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address 850 Quincy St NW # 402		City Washington	State DC Zip Code 20011
Purpose of Expend Misc *	Description Exploratory Committee Online Credit Card Contributions Processing Fees		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$4.71

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Penny For CT		January 10 Filing - Original	
N. Expenses Paid By Committee			
Name of Payee Linda Bacchiodi		Date of Payment 12/18/2013	Method of Payment <input checked="" type="checkbox"/> Check # <u>1035</u> <input type="checkbox"/> Debit Card
Street Address 12 Hopyard Rd		City Stafford Springs	State CT Zip Code 06076
Purpose of Expend RCW	Description Reimbursement Of Candidate		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$53.92
Name of Payee Democracy Engine, LLC		Date of Payment 12/25/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address 850 Quincy St NW # 402		City Washington	State DC Zip Code 20011
Purpose of Expend Misc *	Description Exploratory Committee Online Credit Card Contributions Processing Fees		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$8.85
Name of Payee Stephan Puzycki		Date of Payment 12/30/2013	Method of Payment <input checked="" type="checkbox"/> Check # <u>1039</u> <input type="checkbox"/> Debit Card
Street Address 272 Ward St		City Wallingford	State CT Zip Code 06492
Purpose of Expend Misc *	Description Exploratory Committee Business Cards		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$35.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Penny For CT		January 10 Filing - Original	
N. Expenses Paid By Committee			
Name of Payee Cline & Barry Strategies LLC		Date of Payment 12/30/2013	Method of Payment <input checked="" type="checkbox"/> Check # <u>1037</u> <input type="checkbox"/> Debit Card
Street Address PO Box 2358		City Middletown	State CT Zip Code 06457
Purpose of Expend CNSLT	Description Exploratory Committee Consulting		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$706.63	
Name of Payee Robert Arute		Date of Payment 12/30/2013	Method of Payment <input checked="" type="checkbox"/> Check # <u>1038</u> <input type="checkbox"/> Debit Card
Street Address 39 Clearbrook Dr		City Tolland	State CT Zip Code 06084
Purpose of Expend RCW	Description Reimbursement Of Committee Worker		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$69.00	
Name of Payee Democracy Engine, LLC		Date of Payment 12/31/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address 850 Quincy St NW # 402		City Washington	State DC Zip Code 20011
Purpose of Expend Misc *	Description Exploratory Committee Online Credit Card Contributions Processing Fees		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$27.62	

IV. EXPENDITURES (Sections N - S)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Penny For CT		January 10 Filing - Original	
N. Expenses Paid By Committee			
Name of Payee Democracy Engine, LLC		Date of Payment 12/31/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address 850 Quincy St NW # 402		City Washington	State DC Zip Code 20011
Purpose of Expend Misc *	Description Exploratory Committee Online Credit Card Contributions Processing Fees		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable) Event # \$2.07
			Total of Section N \$12,787.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Penny For CT		January 10 Filing - Original	
O. Expenses Paid By Candidate			
Name of Payee (Name of vendor who candidate paid directly) U.S.P.S.		Date of Payment 09/07/2013	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address P.O.		City Stafford Springs CT	Zip Code 06076-9998
Purpose of Expenditure (by code) POST	Description Postage	Event #	Amount \$230.00
Name of Payee (Name of vendor who candidate paid directly) U.S.P.S.		Date of Payment 10/12/2013	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address P.O.		City Stafford Springs CT	Zip Code 06076-9998
Purpose of Expenditure (by code) POST	Description Exploratory Postage	Event #	Amount \$102.00
Name of Payee (Name of vendor who candidate paid directly) Express Wireless - Staff		Date of Payment 10/15/2013	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address 87 W Stafford Rd		City Stafford Springs CT	Zip Code 06076
Purpose of Expenditure (by code) Misc *	Description Exploratory Committee Cell Phone	Event #	Amount \$107.09
Name of Payee (Name of vendor who candidate paid directly) U.S.P.S.		Date of Payment 10/19/2013	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address P.O.		City Stafford Springs CT	Zip Code 06076-9998
Purpose of Expenditure (by code) POST	Description Exploratory Committee Postage	Event #	Amount \$322.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Penny For CT		January 10 Filing - Original	
O. Expenses Paid By Candidate			
Name of Payee (Name of vendor who candidate paid directly) U.S.P.S.		Date of Payment 12/04/2013	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address P.O.		City Stafford Springs CT	Zip Code 06076-9998
Purpose of Expenditure (by code) POST	Description Exploratory Committee Postage	Event #	Amount \$322.00
Name of Payee (Name of vendor who candidate paid directly) Express Wireless - Staffo		Date of Payment 12/18/2013	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address 87 W Stafford Rd		City Stafford Springs CT	Zip Code 06076
Purpose of Expenditure (by code) Misc *	Description Exploratory Committee Phone	Event #	Amount \$53.92
Name of Payee (Name of vendor who candidate paid directly) Shelly Sindland		Date of Payment 12/19/2013	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address 44 Mayflower St		City West Hartford CT	Zip Code 06110
Purpose of Expenditure (by code) Misc *	Description Photographer For Candidate Photos	Event #	Amount \$372.23
Total of Section O			\$1,509.24

IV. EXPENDITURES (Sections N - S)	
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Penny For CT	January 10 Filing - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: Visa Master Card Discover American Express Other		
Name of Vendor			Date of Transaction
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		Yes No	Expenditure # (if applicable)
		Event #	Amount
Total of Section P			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Penny For CT	January 10 Filing - Original
Q. Expenses Incurred By Committee but Not Paid During this Period	

Name of Creditor	Date Incurred		
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum Q		Yes No	Expenditure # (if applicable)
		Event #	Amount Incurred (Estimate or Actual)
Total of Section Q			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Penny For CT	January 10 Filing - Original
R. Itemization of Reimbursements to Committee Workers and Consultants	

Last Name of Worker/Consultant Strategies,	First LLC	MI Cline	Date of Payment 09/02/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1026 <input type="checkbox"/> Debit Card
Secondary Payee Google Inc.				
Street Address 1600 Amphitheater Pkwy		City Mountain View	State CA	Zip Code 94043
Purpose of Expenditure (by code) WEB	Description Exploratory Committee Website Email Hosting			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes	Expenditure # (if applicable)	Event #
		<input checked="" type="checkbox"/> No		
If yes, assign an Expenditure # and completes Itemization in Addendum R				
\$45.83				

Last Name of Worker/Consultant Strategies,	First LLC	MI Cline	Date of Payment 09/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1026 <input type="checkbox"/> Debit Card
Secondary Payee NationBuilder				
Street Address 448 S Hill St		City Los Angeles	State CA	Zip Code 06457-9001
Purpose of Expenditure (by code) WEB	Description Exploratory Committee Web site			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes	Expenditure # (if applicable)	Event #
		<input checked="" type="checkbox"/> No		
If yes, assign an Expenditure # and completes Itemization in Addendum R				
\$69.00				

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Penny For CT	January 10 Filing - Original

R. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant Strategies,	First LLC	MI Cline	Date of Payment 10/02/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1026 <input type="checkbox"/> Debit Card
Secondary Payee Google Inc.				
Street Address 1600 Amphitheater Pkwy	City Mountain View			State CA Zip Code 94043
Purpose of Expenditure (by code) WEB	Description Exploratory Committee Website Email Hosting			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$45.83
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Arute	First Robert	MI D	Date of Payment 12/08/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1033 <input type="checkbox"/> Debit Card
Secondary Payee NationBuilder				
Street Address 448 S Hill St	City Los Angeles			State CA Zip Code 90013
Purpose of Expenditure (by code) WEB	Description Exploratory Committee Web Site Package			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$49.00
If yes, assign an Expenditure # and completes Itemization in Addendum R				

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Penny For CT	January 10 Filing - Original

R. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant Arute	First Robert	MI D	Date of Payment 12/12/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1038 <input type="checkbox"/> Debit Card
Secondary Payee NationBuilder				
Street Address 448 S Hill St	City Los Angeles			State CA Zip Code 06457-9001
Purpose of Expenditure (by code) WEB	Description Exploratory Committee Web Site Hosting Fee			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$69.00
If yes, assign an Expenditure # and completes Itemization in Addendum R				
Total of Section R				\$278.66

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Penny For CT	January 10 Filing - Original

S. Surplus Distribution of Equipment and Furniture

Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				
Total of Section S				

