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 21

COVER PAGE

1.NAME OF COMMITTEE						2. TYF	PE OF COMMITTEE	
Pelto 2014	x	x Candidate CommitteeExploratory Committee						
3. TREASURER NAME								
First Theodore		Suffix						
4. TREASURER ADDRESS					_			
Street Address		City			State		Zip Code	
14 Niles Dr		Mancl	hester		СТ		06040	
5. ELECTION DATE	6. OFFICE SOUGHT (Con	mplete or	ıly if Candidate	Committee)		7. DISTR	ICT NUMBER (if applicable	
11/04/2014	Governor							
8. CANDIDATE NAME (Complete only if Complete only if Comp	Candidate or Exploratory Co	mmittee	:)		<u>'</u>			
First			MI	Last			Suffix	
Jonathan				Pelto				
9. TYPE OF REPORT								
July 10 Filing - Original								
10. PERIOD COVERED								
	Beginning Date		1	Ending Date				
	06/13/2014	thru	1 (06/30/2014				
11. CERTIFICATION								
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.								
				4- /	10/2014 11	0.27.545		
Electronic Filing SIGNATURE	Electronic Filing Christine Ladd 07/10/2014 10:					''		
SIGNATURE	PRINT NAME OF THE	SIGNE	ı X	DAT	E 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	TYPE OF REPORT					
Pelto 2014	July 10 Filing - Original						
	COLUMN A	COLUMN B					
	This Period	Aggregate					
12. Balance on hand from day Committee was formed		\$0.00					
The same of half for the former of the forme		7					
13. Balance on hand at the beginning of Reporting Period	\$0.00						
14. Contributions received from Individuals (Section A and B)	\$2,800.00	\$2,800.00					
15. Receipts from Other Committees (Sections C1 and C2)	\$4,435.00	\$4,435.00					
16. Other Monetary Receipts (Section D through I)	\$0.00	\$0.00					
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00					
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$7,235.00	\$7,235.00					
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$7,235.00	\$7,235.00					
20. Expenses Paid by Committee (Section N)	\$58.20	\$58.20					
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$7,176.80	\$7,176.80					
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00					
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00					
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00					
25. Receipts of Organization Expenditures (Section M) OPTIONAL	\$0.00	\$0.00					
26. Beginning Loan Balance	\$0.00						
26a. + Loans Received (Section D)	\$0.00	\$0.00					
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00					
26c Payments on Loan(s)	\$0.00	\$0.00					
26d. Total Outstanding Loan Amount	\$0.00						
27. Campaign Expenses Paid By Candidate (Section O)	\$55.60	\$55.60					
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						

Page 3 of 21

						1 age 5 01 21	
I, MONETARY RECEIPT	CS (S	ection A-I)	1				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT July 10 Filing - Original			
Pelto 2014			July 10	Filing - Original			
A. Total Contributions from Small Contributors-Received this Period	NLY		For Nonpartic \$0.00	ipating Cand	lidates ONLY		
B. Itemized Contributions from	m Inc	lividuals					
Last Name	First				MI	Contribution ID #	
Semprebon		Laurie			М	0011	
Residential Street Address	City				State	Zip Code	
271 Turnpike Rd		Willington			СТ	06279	
Principal Occupation		Name of Employer					
Teacher			Bd Of E				
Is contributor a principal of a state contractor or prospective state contractor? Yes N	lo	Is contributor a lo dependent child of		Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative				x No			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate	Contributions			
rundraising event listed in Section J1?							
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/13/2014			\$100.00	\$100.00		
Last Name First						Contribution ID #	
Semprebon					MI G	0012	
Residential Street Address	·				State	Zip Code	
271 Turnpike Rd Willington					СТ	06279	
Principal Occupation	!	Name of Employer	r		Į	!	
Software Engineer		CNC S	oftware				
Is contributor a principal of a state contractor or prospective state contractor?	lo	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution Yes					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent ennid of	u loboyist.	x No			
Is this contribution associated with a Method of contribution:	Date	Received Aggregate Contributions					
fundraising event listed in Section J1? Yes X No Cash Personal Check	06/	13/2014		\$100.00		\$100.00	
If yes, list Event #	00,	10, 201 .		Ψ200.00		———	
Last Name	First				MI	Contribution ID #	
Gorman		Stephen			С	0013	
Residential Street Address	City				State	Zip Code	
15 Greenwood Dr		Monroe			СТ	06468	
Principal Occupation		Name of Employer	r				
Teacher			Bridgep				
Is contributor a principal of a state contractor or prospective state contractor? Yes N	lo	Is contributor a lo dependent child of	-	se, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:				x No			
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate	Contributions			
If yes, list Event # Cash Personal Check X Money Order Credit/Debit Card	06/	13/2014		\$100.00		\$100.00	

Page 4 of 21

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Pelto 2014									
B. Itemized Contributions from	m Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Hogue		jennifer		G	0014				
Residential Street Address	City			State	Zip Code				
80 Marlborough Rd	L	Valley Stream		NY	11581				
Principal Occupation Teacher		Name of Employ NYC [
				Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac	7 tinou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
tundraising event instead in Section 31:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	13/2014	\$50.00		\$50.00				
L AV	F: .				Louis B"				
Last Name	First	Pamela		MI	Contribution ID # 0015				
Roy Residential Street Address	City	raillela		State	Zip Code				
60 Featherbed La	,	Branford		CT	06405				
Principal Occupation		Name of Employ	er						
		Retire	ed Teacher						
Is contributor a principal of a state contractor or prospective state contractor?	Amou	unt of Contribution							
If yes, indicate which branch or branches of	5	dependent child of	obbyist, spouse, or of a lobbyist? Yes X No						
government the contract is with:									
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check	06.1	12/2014	* F0.00		#F0.00				
If yes, list Event # Money Order Credit/Debit Card	06/	13/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Ohanian		Susan			0001				
Residential Street Address	City			State	Zip Code				
2299 Ethan Allen Hwy		Charlotte		VT	05445				
Principal Occupation		Name of Employ	er						
Researcher			mployed						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x No						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash X Personal Check	06/	14/2014	\$50.00		\$50.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Margolis		Melanie		J	0002				
Residential Street Address	City	01 11		State	Zip Code				
139 Morgan St	L	Oberlin		OH	44074				
Principal Occupation Artist		Name of Employ Retire							
			-1.1	Amou	unt of Contribution				
Yes X No	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tulidasing event insect in Section 71:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	14/2014	\$100.00		\$100.00				

Page 5 of 21

I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						
Pelto 2014 July 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Colantonio		Jacqueline		М	0003	
Residential Street Address	City			State	Zip Code	
23 Carlen Dr	<u> </u>	Northford Name of Employ	ON .	СТ	06472	
Principal Occupation Teacher		1 ,	eport BOE			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of Executive Legislative		dependent child (x No			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?			88 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -			
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	06/	14/2014	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Gionfriddo		Kimberly		R	0004	
Residential Street Address	City			State	Zip Code	
6 Kenwood Dr		New Britain		СТ	06052	
Principal Occupation		Name of Employ	er			
Teacher			Britain BOE	1		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1? Yes Cash Personal Check						
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	06/	14/2014	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Carley		Geraldine			0005	
Residential Street Address	City			State	Zip Code	
66 Currituck Rd	<u> </u>	Newtown		СТ	06470	
Principal Occupation		Name of Employ				
Teacher — — — — — — — — — — — — — — — — — — —			eport BOE	A	ant of Contribution	
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution	
If yes, indicate which branch or branches of government the contract is with:			x No			
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1? X No		/00.	4400.00			
If yes, list Event # No Money Order Credit/Debit Card	06/	14/2014	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Derby		Susan		J	0006	
Residential Street Address	City			State	Zip Code	
10 C Main St		Manchester		СТ	06042	
Principal Occupation		Name of Employ Retire				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution	
If yes, indicate which branch or branches of		dependent child of	a loodyist?			
government the contract is with:	-		x _{No}			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
X No Cash X Personal Check	06/	14/2014	\$10.00		\$10.00	
If yes list Event # Money Order Credit/Debit Card	l , .	•	,	Ī	•	

Page 6 of 21

L MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Pelto 2014	July 10 Filing - Original				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Knox		Diane		V	0007
Residential Street Address	City			State	Zip Code
30 Byrnes Ave	L .	Litchfield		СТ	06759
Principal Occupation Teacher		Name of Employ	_{er} Igton BOE		
			11.14	Amou	ant of Contribution
Yes X N	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
tundraising event instead in Section 31:					
X No	06/	14/2014	\$100.00		\$100.00
I av	F: .				Louis Bu
Last Name Dawson	First	Anne		MI E	Contribution ID # 0008
Residential Street Address	City	Allile		State	Zip Code
10 Card St		Lebanon		CT	06249
Principal Occupation	_	Name of Employ	er		
College Professor					
Is contributor a principal of a state contractor or prospective state contractor?	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	<u></u>		
government the contract is with:			x No		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	06/	16/2014	\$100.00		\$100.00
If yes, list Event #	00/	10/2014	\$100.00		4100.00
Last Name	First			MI	Contribution ID #
Levine		Burton		S	0009
Residential Street Address	City			State	Zip Code
45 Winnett St	<u> </u>	Hamden		СТ	06517
Principal Occupation		Name of Employ			
College Professor			n/Trinity		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes Cash Personal Check					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	16/2014	\$25.00		\$25.00
				L	Laurina
Last Name Duggan	First	Teresa		MI	Contribution ID # 0010
Residential Street Address	City	161630		State	Zip Code
206 Auburn Rd		West Hartfor	d	СТ	06119
Principal Occupation		Name of Employ	er		
		Retire	d Teacher		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		cinu (x No		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			35-5 304413413113		
X No	06/	16/2014	\$50.00		\$50.00

Page 7 of 21

NAME OF COMMITTIE (Provide Complete Name as Registered with Commission) 1947 to 1979 or Organia 1947 to 1979 organia 1947 to 1	I. MONETARY RECEIPTS (Section A-I)									
Lact Name										
Task Name Cody Anthony Anthony Anthony Anthony Anthony Series City Willits CA 95490 Principal Cocupution Series Call Goose Rd Principal Cocupution Be contributed a principal of a state contractor or prospective state—curractor? Types, indicate which branch or branches or contractor or prospective state—curractor? Types, indicate which branch or branches or contractor or prospective state—curractor? Types, indicate which branch or branches or contract is with Be contributed a Section 197 Types, indicate which branch or branches or contract is with Be contributed a Section 197 Types, indicate which branch or branches or contract is with Be contributed as Section 197 Types, indicate which branch or branches or contract is with Call Call Personal Cheek Call Personal Cheek Call Personal Cheek Call Personal Cheek Call Call Personal Cheek Call Call Call Call Call Cheek Call Call Call Call Call Cheek Call Call Call Call Call Call Cheek Call Call Call Call Call Call Call Cal	Pelto 2014									
Cody	B. Itemized Contributions from	m Ind	ividuals							
City	Last Name	First			MI	Contribution ID #				
Second-house Freedom Second Sec	Cody		Anthony		М					
Principal Occupation education consultant Self Employed		City				-				
Self Employed Self Employe		L			CA	95490				
Secontification a principal of a state contractor or prospective state contractor? yes No dependent child of a lobbysist, spouse, or dependent child of a lobbysist. yes No dependent child										
First Dute Received Legislative Le				11.11	Amou	ant of Contribution				
Executive	Yes X No	0		Vac						
Ityes, list Event # State contractor or prospective state contractor? Yes X No Cash X Personal Check Cash	Evacutiva I agislativa			x _{No}						
Last Name Koskoff Residential Street Address S Riverside Ct Principal Occupation If yes, indicate which branch or branches of fundratising event listed in Section J1? Last Name Last Name Residential Street Address S Riverside Ct Principal Occupation Residential Street Address S Riverside Ct Principal Occupation S Recently C S S Riverside Ct Principal Occupation Residential Street Address S Riverside Ct Principal Occupation S Residential Street Address S Riverside Ct Principal Occupation S Residential Street Address S Riverside Ct Principal Occupation S Residential Street Address S Riverside Ct Principal Occupation S Residential Street Address S Roverside Ct S Rove	Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Last Name Koskoff Residential Street Address Residential Street Address 8 Riverside Ct Principal Occupation If yes, indicate which branch or branches of government the contract is with: Last Name If yes, indicate which branch or branches of sovernment the contract is with: Last Name Turner Residential Street Address City Relitred Received Relitred Resceived Aggregate Contributions Aggregate Contributions Adjusted to the polyment of the contract is with: Residential Street Address First Residential Street Address Residential Street Address Residential Street Address First Residential Street Address Residential Of a lobbyist? Annount of Contribution Annount of Contribution States contribution associated with a flundraising event listed in Section J1? Residential Street Address City Personal Cheek Credit/Debit Card Pirist Jesse P D 0018 Residential Street Address City Residential Street Address First Jesse P D 0018 Residential Street Address City Residential Street Address City Residential Street Address Residential Street Address College Professor Residential Street Address Residential Street Address College Professor Residential Street Address Residential Stree	Tundraising event listed in Section 31:									
Now	If yes, list Event # Money Order Credit/Debit Card	06/	17/2014	\$100.00		\$100.00				
Now	Ladding	F:t			M	Contribution ID#				
Residential Street Address 8 Riverside Ct Principal Occupation Name of Employer Retired Plainville Retired		FIISt	David							
Principal Occupation Secontributor a principal of a state contractor or prospective state contractor?		City	Davia							
Is contributor a principal of a state contractor or prospective state contractor?	8 Riverside Ct		Plainville		СТ	06062				
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Last Name Turner Last Name Turner College Professor Is contributor a principal of a state contractor or prospective state contractor? Yes X No State State State State State State Stochastical powermment the contract is with: State State State State Stochastical powermment State State State State Stochastical powermment Stochas	Principal Occupation	•	Name of Employe	er		1				
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Last Name Turner Last Name Residential Street Address 110 Englewood Ave Principal Occupation College Professor College Professor Is contributor a principal of a state contractor or prospective state contractor? Is this contribution associated with a fundraising event listed in Section J1? Yes Wethod of contribution: Date Received Aggregate Contributions Aggregate Contributions MII Contribution ID # Jesse P 0018 State Zip Code CT 06110 Name of Employer CCSU Scontributor a principal of a state contractor or prospective state contractor? Yes No Beceutive Legislative Date Received Aggregate Contributions Aggregate Contributions Aggregate Contributions **No Aggregate Contributions **No **No **Double State Contractor or prospective state of Contribution of Contribu			Retire	ed						
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Method of contribution: Yes Method of contribution: Date Received Aggregate Contributions	Is contributor a principal of a state contractor or prospective state contractor?	Amou	ınt of Contribution							
State Contribution associated with a fundraising event listed in Section J1? Yes	If yes, indicate which branch or branches of		dependent child o	of a foodyist?						
fundraising event listed in Section J1? If yes, list Event # Last Name Turner Residential Street Address 110 Englewood Ave Principal Occupation College Professor College Professor Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? MI Contribution ID # Oo18 City West Hartford CT 06110 Amount of Contribution Amount of Contribution State Zip Code CCSU CCSU Amount of Contribution Amount of Contribution Amount of Contribution Amount of Contribution Aggregate Contributions \$100.00 \$100.00	government the contract is with:		n : 1							
Last Name Turner Residential Street Address 110 Englewood Ave Principal Occupation College Professor College Professor Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Wethough a personal Check O6/22/2014 \$100.00	Voc	Date	Received	Aggregate Contributions						
Last Name Turner Residential Street Address 110 Englewood Ave Principal Occupation College Professor College Professor Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? MI Contribution ID # O018 State Zip Code CT 06110 Name of Employer CCSU Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No State Zip Code CT 06110 Amount of Contribution dependent child of a lobbyist? Yes Amount of Contribution Aggregate Contributions State State Zip Code CT 06110 Amount of Contribution dependent child of a lobbyist? Yes Amount of Contribution State of Aggregate Contributions State	X No Cash X Personal Check	06/	22/2014	\$100.00		\$100.00				
Turner Residential Street Address City West Hartford CT 06110 Principal Occupation College Professor CCSU Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Date Received Description: Date Received Aggregate Contributions \$100.00 \$100 Amount of Contribution Amount of Contribution And Amount of Contribution Fundraising event listed in Section J1? Personal Check Doi/22/2014 \$100.00 \$100.00		00/.	22,2011	\$100.00						
Residential Street Address 110 Englewood Ave West Hartford CT 06110 Principal Occupation College Professor CCSU Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Date Received Aggregate Contributions \$100.00 \$100 CT 06110 Amount of Contribution Amount of Contribution Aggregate Contributions \$100.00 \$100.00	Last Name	First			MI	Contribution ID #				
Principal Occupation College Professor CCSU Is contributor a principal of a state contractor or prospective state contractor?	Turner		Jesse		Р	0018				
Principal Occupation College Professor CCSU Is contributor a principal of a state contractor or prospective state contractor?	Residential Street Address	City			State	Zip Code				
CCSU Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Amount of Contribution Legislative Legislative Date Received Aggregate Contributions \$\int \text{Mo}\$ O6/22/2014 \$\int \text{100.00}\$ \$\int \text{100.00}\$		<u> </u>	West Hartfor	d	CT	06110				
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Amount of Contribution Legislative Legislative Date Received Aggregate Contributions \$\text{\$\text{Mo}\$} \text{\$\text{\$\text{Mo}\$}\$} \$\text{\$										
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Aggregate Contributions Aggregate Contributions					Amou	unt of Contribution				
government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Secutive Legislative L	Yes X N	0			Amou	int of Contribution				
Is this contribution associated with a fundraising event listed in Section J1? Aggregate Contributions Aggregate Contributions	Evacutiva			x No						
EX No Cash Personal Check 06/22/2014 \$100.00 \$100.00	Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
No	Tunidraising event instead in Section 31?									
If yes, list Event #	No I State of the	06/2	22/2014	\$100.00		\$100.00				
	Trav	F: .			\ r_	Louis B"				
Last Name First MI Contribution ID # Tolles Joanne L 0021		FIISt	loanne							
Residential Street Address City State Zip Code		City	Journe							
101 Warwick Rd New Fairfield CT 06812			New Fairfield							
Principal Occupation Name of Employer	Principal Occupation	•	Name of Employe	er		1				
Teacher Danbury BOE	Teacher		Danbı	ury BOE						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution	Is contributor a principal of a state contractor or prospective state contractor?	0			Amou	ınt of Contribution				
If yes, indicate which branch or branches of	If yes, indicate which branch or branches of		acpendent child 0							
government are contracted with a Method of contribution. Data Descript Appropriate Contributions	Is this contribution associated with a Mathed of contribution:	Doto	Received							
fundraising event listed in Section J1?	fundraising event listed in Section J1?	Date								
If yes, list Event #	X No T	06/2	22/2014	\$100.00		\$100.00				

Page 8 of 21

I. MONETARY RECEIPT	S (Se	ection A-I)	TYPE OF REPORT			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						
Pelto 2014 July 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Drury		Jennifer		L	0019	
Residential Street Address	City			State	Zip Code	
29 Valley Rd	<u> </u>	Hamden		СТ	06514	
Principal Occupation Teacher		Name of Employ New 1	Haven BOE			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x _{No}			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1? Yes X Cash Personal Check						
If yes, list Event # X Cash Personal Check Money Order Credit/Debit Card	06/2	22/2014	\$20.00		\$20.00	
Last Name	First			MI	Contribution ID #	
Dashefsky		Howard			0022	
Residential Street Address	City			State	Zip Code	
49 E Maxwell Dr		West Hartfor	d	СТ	06107	
Principal Occupation		Name of Employ	er			
Teacher			nfield BOE	1		
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}			
Is this contribution associated with a Method of contribution:						
fundraising event listed in Section J1? Yes Cash Personal Check						
If yes, list Event # Cash Credit/Debit Card	06/2	22/2014	\$50.00		\$50.00	
Last Name	First			MI	Contribution ID #	
Walsh		Martin		Н	0020	
Residential Street Address	City			State	Zip Code	
15 Laurel Way	<u> </u>	Wethersfield		СТ	06109	
Principal Occupation		Name of Employ				
Teacher			onbury BOE	A	ant of Contribution	
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No			
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions			
Tundraising event listed in Section 31:						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/2	22/2014	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Hardind		Nicholas		J	0027	
Residential Street Address	City			State	Zip Code	
130 Turnberry Ln	L	Windsor		CT	06095	
Principal Occupation		Name of Employ				
Attorney			Ridge PC	Amou	unt of Contribution	
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative			x _{No}			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
If yes, list Event # Cash X Personal Check No Money Order Credit/Debit Card	06/2	24/2014	\$100.00		\$100.00	

Page 9 of 21

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Pelto 2014	July 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Robertson		Philip		s	0025				
Residential Street Address	City			State	Zip Code				
110 Tress Rd		Cheshire		СТ	06410				
Principal Occupation		Name of Employ							
La satisfaction with in Lafe at the sate of the sate o		Retire	11 1 ·	A	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
tundraising event instead in Section 31:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	24/2014	\$100.00		\$100.00				
				l					
Last Name	First			MI	Contribution ID #				
Olbrych	a:	Elizabeth		C	0023				
Residential Street Address	City	Fairefield		State	Zip Code				
379 S Pine Creek Rd Principal Occupation		Fairfield Name of Employ	er	СТ	06824				
Teacher			oort BOE						
	Amou	unt of Contribution							
Yes X No	0	dependent child of	obbyist, spouse, or						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tunidialising event instead in Section 71:									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	06/	24/2014	\$100.00		\$100.00				
				! 					
Last Name	First			MI	Contribution ID # 0024				
Young Residential Street Address	City	Augustine		State	Zip Code				
379 S Pine Creek Rd	City	Fairfield		CT	06824				
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	1 00021				
Teacher		West	oort BOE						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	or a roodyrst?						
government the contract is with:			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	06/	24/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Eichenwald	1 1100	Howard			0026				
Residential Street Address	City			State	Zip Code				
5437 W 131st Ter		Overland Par	·k	KS	66209				
Principal Occupation		Name of Employ	er		•				
Software Development		Self E	mployed						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		acpendent ennu (x No						
government the contract is with: Legislative Legislative	Б.	D i 4							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	06/	24/2014	\$50.00		\$50.00				
If yes, list Event #	I 30/	/ 2017	Ψ30.00	l	450.00				

Page 10 of 21

I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Pelto 2014						
B. Itemized Contributions from	m Inc	lividuals				
Last Name	First			MI	Contribution ID #	
Andreo Residential Street Address	City	Victoria		Stata	0028	
103 Autumn Dr	City	Tolland		State CT	Zip Code 06084	
Principal Occupation		Name of Employ	er	CI	00004	
Housewife		N/A				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	ant of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1? X No	06/	24/2014	\$100.00		\$100.00	
If yes, list Event #	00/	24, 2014	Ψ100.00		4100.00	
Last Name	First			MI	Contribution ID #	
Andreo		Michael		J	0029	
Residential Street Address	City			State	Zip Code	
103 Autumn Dr		Tolland		СТ	06084	
Principal Occupation		Name of Employ				
owner			obbyist, spouse, or	A		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	24/2014	\$100.00		\$100.00	
	l					
Last Name	First			MI	Contribution ID #	
Songer Residential Street Address	City	Gerri		K	0031	
60 Seneca Ave E	City	Hawthorn Wo	ands	State IL	Zip Code 60047	
Principal Occupation		Name of Employ		11.	00047	
Special Education Instructor			ship High School District 214			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of	0	dependent child of				
government the contract is with:			x _{No}			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
X No Cash X Personal Check	0.51	00/001	450.00		450.00	
If yes, list Event # Money Order Credit/Debit Card	06/	30/2014	\$50.00		\$50.00	
Last Name	First			MI	Contribution ID #	
Freiberg		Jo Ann			0033	
Residential Street Address	City			State	Zip Code	
127 Evergreen Ln		Glastonbury		СТ	06033	
Principal Occupation		Name of Employ	er			
education consultant			Dept of Education			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	0	Is contributor a l dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative			x _{No}			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	06/	30/2014	\$100.00		\$100.00	

I. MONETARY RECEIPTS (Section A-I)								
	5 (5 6	ection A-I)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Pelto 2014								
B. Itemized Contributions from Individuals								
B. Itemized Contributions from		lividuals						
Last Name	First			MI	Contribution ID #			
Cordone		Kathleen		Α	0034			
Residential Street Address	City			State	Zip Code			
80 Old Bound Line Rd		Wolcott		СТ	06716			
Principal Occupation		Name of Employ	er					
		Retire	ed Teacher					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a fobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # Cash Credit/Debit Card	06/3	30/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Soucy		Sarah		J	0036			
Residential Street Address	City			State	Zip Code			
69 Holt Pl		Bristol		CT	06010			
Principal Occupation		Name of Employ	er					
Engineer		Electr	ic Boat					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a fobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/3	30/2014	\$10.00		\$10.00			
in yes, list Event ii								
Last Name	First			MI	Contribution ID #			
Soucy		Bonnie		J	0037			
Residential Street Address	City			State	Zip Code			
69 Holt Pl		Bristol		CT	06010			
Principal Occupation		Name of Employ	er					
Accountant		State	of Connecticut					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	or a roodyrst:					
government the contract is with: Executive Legislative			x No					
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions					
Table 1 and								
If yes, list Event # Cash Credit/Debit Card	06/3	30/2014	\$10.00		\$10.00			
in yes, its Event in								
Last Name	First			MI	Contribution ID #			
Bergman		Eric		J	0032			
Residential Street Address	City			State	Zip Code			
5 Oak Ridge Dr		Clinton		CT	06413			
Principal Occupation		Name of Employ	er					
Teacher		Clinto	n BOE					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		acpendent child (or a roodyrst?					
government the contract is with:			x _{No}					
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions					
rundraising event listed in Section 31?								
If yes, list Event # Cash Credit/Debit Card	06/3	30/2014	\$100.00		\$100.00			

Page 12 of 21

I. N	MONE	TARY RECEIP	PTS (S	ection A-I)				
\ 1						REPORT		
Pelto 2014 July 10 Filing						Original		
B. 1	temize	d Contributions fr	om Inc	lividuals	<u> </u>			
Last Name			First				MI	Contribution ID #
Scanlon				Anne			S	0030
Residential Street Address			City				State	Zip Code
101 Holcomb St				East Granby			СТ	06026
Principal Occupation			-	Name of Employe	er		-	-
				Retire	d Teacher			
Is contributor a principal of a state contractor or prospective state contractor	?	Yes X	No	Is contributor a lo dependent child o		Yes	Am	nount of Contribution
If yes, indicate which branch or branches of government the contract is with:		Legislative				x No		
Is this contribution associated with a Vec Method of	f contributi	on:	Date	Received	Aggregate Contribu	tions	1	
fundraising event fisted in Section 31?		X Personal Check						
Ŭ No I□	ey Order	Credit/Debit Card	06/	30/2014	\$	50.00		\$50.00
Last Name			First				MI	Contribution ID #
			FIISt	Marianne			H	0035
Tapp Residential Street Address			City	Mananne			State	Zip Code
768 Tolland Stage Rd				Tolland			CT	06084
Principal Occupation				Name of Employe	er			1
				Retire	d			
Is contributor a principal of a state contractor or prospective state contractor	?	Yes x	N-	Is contributor a lo	obbyist, spouse, or	Yes	Am	nount of Contribution
If yes, indicate which branch or branches of	_	res E	NO	dependent child o	f a lobbyist?			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative								
Vac	Is this contribution associated with a Method of contribution: Date Received Aggregate Contributions							
fundraising event listed in Section J1?		X Personal Check						
If yes, list Event #	ey Order	Credit/Debit Card	06/	30/2014	\$	25.00	\$25.00	
			•	,			•	
						Total of S	Section B	\$2,800.00
TOTAL OF ALL CONTRIBUTIONS FROM INC	OIVIDU	ALS (Se	ctions A	(Tot	al on Line 14 of Su	mmary Page)		\$2,800.00
L	MONE	TARY RECEI	PTS (S	ection A-I)				
			15 (5		I			
NAME OF COMMITTEE (Provide Complete Name as R	egistered	d with Commission)				TYPE	E OF REP	ORT
Pelto 2014						July 10 Filing	- Original	
C1. C0	ntribut	ions from Other (Commi	ttees				
		- Jan Guier	_					
Name of Committee Exploratory Committee				Name of Treasure	r			
Exploratory committee				Ted Strelez				
Address						. –	,	
14 Niles Dr				bution associated wi		Yes	No A	Amount of Contribution
		l n	นาเนาสารเกรู	g event listed in Sect				
	C+-+-	Zin Co.1-	D-/ P	If yes, list Event #	1	hution-		
City	State	Zip Code	Date R	eceived	Aggregate Contri	DUCIONS		#4 43E 00
Manchester	СТ	06040	06/18	3/2014		\$4,435	.00	\$4,435.00
					т	otal of Secti	ion C1	\$4,435.00
						0. 5000		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE					Т	TYPE OF REPORT				
Pelto 2014					July 10 Fili	ng - Original				
C2. Reimbursements, Payments, or Surplus Distributions from other Committees										
Name of Committee				Name of Treasurer						
Address					Date Received	ı	Amount of Receipt			
City	State	Zip Code		Reimbursement for	shared expense		_			
				Payment for goods a	and services					
					To	tal of Section C2				
I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE					TYPE OF REPORT					
Pelto 2014					July 10 Filing - Original					
D. Lo	ans Received	this Peri	od							
Name of Lender			Source of	Loan:			Date of Receipt			
Street Address		City	Bank	Candidate	Individua State	1 Other Zip Code	Is there a cosigner or			
							Guarantor of this loan? Yes No			
Name of Cosigner/Guarantor (if applicable)		ı			I	I	Amount Received			
Street Address		City			State	Zip Code				
		<u> </u>				T-4-1 60 "	<u> </u>			
						Total of Section	ט			
I. MOI	NETARY R	ЕСЕІРТ	S (Sect	ion A-I)						
NAME OF COMMITTEE TYPE OF REPORT										
Pelto 2014	Pelto 2014 July 10 Filing - Original									
E. Personal Funds of the Candidate I	Received this	Period (C	Candidat	e Committees ON	LY)					
Date of Receipt Method of Payment Cash	Per	rsonal Check		Credit/Debit Card			Amount			
1					Total of	Section E				

I. Monetary Receipts (Section A-I)											
NAME OF COMMITTEE	TYPE OF REPOR	Т									
Pelto 2014 July 10 Filing - Original											
G. Interest from Deposits in Authorized Accounts											
Name of Institution			Da	te Receive	ed	Amount					
Street Address	City		State		Zip Code						
					Total of Section G						
I. MON	ETARY RECEII	PTS (Section A-K)									
NAME OF COMMITTEE					TYPE OF REPORT	,					
Pelto 2014				July	10 Filing - Original						
H. Public Grant Funds Received from the Citizens' Election Fund											
Purpose of Grant:	Grant Cycle:				Date Received	Amount					
Initial Grant Adjustment	Primary	General Election	Special Elec	etion							
Supplemental/Post Election Deficit	•										
·					Total of Section H						
I. M	ONETARY REC	CEIPTS (Section A-K))								
NAME OF COMMITTEE					TYPE OF REPOR	Т					
Pelto 2014				July	10 Filing - Original						
I. Miscellaneous	Monetary Receipts	s not Considered Contr	ibutions	}							
Name				Date	of Transaction	Amount Received					
Street Address	City		State	·	Zip Code						
Description											
Total of Section I											

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)											
NAME OF COMMITTEE						TYPE OF	REP	ORT			
Pelto 2014						July 10 Filing - Origin	ıal				
	J1. Fund	raising Event Infor	mation								
Fundraising Event # Date of Fundraiser Letter	Description										
Location: Street Address	'				City			State	Zip Code		
Was this fundraising event hosted at a personal residence? Yes if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for puchases made by host(s) for food, beverage and No invitations.									e and		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. No							ons and				
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? No (If yes, enter Total Receipts here.)											
]	Total of Section J1					
	II. FUNDRAISII	NG EVENT ACT	IVITY	(Section	ns J1 - J3)						
NAME OF COMMITTEE (Provide	Complete Name as Reg	istered with Commissi	on)			TYPE OF REI	EPORT				
Pelto 2014						July 10 Filing - Original					
	J3. In-Kind Donat	ions Not Considered	d Contri	butions							
Name of the Donor											
Street Address				City				State	Zip Code		
Donation Given by:	Description of Donation			•					rket Value of		
Individual								D	onation		
Business Entity	Date Received	Event #			Aggregate valu	ue for this event					
Sole Proprietorship											
						Total of Section J3					

III. NONMONETARY RECEIPTS (Sections K - M)											
NAME OF COMMITTEE					Т	TYPE OF REPORT					
Pelto 2014 July 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# No		Description	of In-Kind Contribution				,				
								arket Value of this Contribution			
Type of Contributor:	Type of Contributor: Date Received Aggregate contributions										
Individual Committee Sole Prop	rieto	rship									
					Total o	f Section K					
III. Non Monet	tar	v Recei	pts (Sections K - N	(I)							
NAME OF COMMITTEE (Provide Complete Name as Registered w	ith (Commissi	ion)		TYI	PE OF REPO	ORT				
Pelto 2014					July 10 Filing	- Original					
L. Refundable Deposit to	Tel	lephone	Company								
Last Name of Individual		First Nan	ne	MI	Date Dep	oosit Made					
Residential Street Address	City State Zip Code Amount of Deposit										
Name of Telephone company											
Street Address City State Zip Code											
					Total of	Section L					

III. NONMONETARY RECEIPTS (Sections K - M)										
NAME OF COMMITTEE	TYPE OF REPORT									
Pelto 2014	July 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	Aggregate Donations							
Description of Donation	Purpose of Expenditure A B C D									
Total of Section M										

IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTEE (Prov	ТҮРЕ С	E OF REPORT								
Pelto 2014	July 10 Filing - (g - Original								
N. Expenses Paid By Committee										
Name of Payee Stop & Shop Date of Payment 06/21/2014						Payment Check # 091 Debit Card				
Street Address 940 Silver La			State CT	Zip Code 06118						
Purpose of Expend OFFICE	Description envelopes, stamps			Amount						
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	ŧ	\$32.05								
Name of Payee Webster Bank			Date of Payr 06/25/20			Payment Check # Debit Card				
Street Address 1491 Silver La		City East Hartford	i		State CT	Zip Code 06118				
Purpose of Expend BNK	Description Checks - Harland Clark Check Orders					Amount				
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	ŧ		\$26.15							
				Total of	Section N	\$58.20				

Total of Section P

		IV.	EXPENDI	TURES (Section	ons	N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)							TYPE	TYPE OF REPORT				
Pelto 2014							July 10 Filing -	Origin	ıal			
		O. Expe	nses Paid By	Candidate								
Name of Payee (Name of vendor who candidate paid directly) Bluehost & Mail Chimp Date of Payment 06/30/2014						Is Rein	mbursement Yes	Claimed?				
Street Address 512 Means St			City Atlanta			State	•	Zip Cod	e		A	mount
Purpose of Expenditure (by code) A-WEB	Descripti Blog, I	on istserve, template					Event	#				\$55.60
												400.00
									Total o	of Sect	tion O	\$55.60
		IV. EXP	ENDITURI	ES (Sections N -	- S)						
NAME OF COMMITTE	EE (Prov	vide Complete Name as R	egistered with	Commission)					TYPE (OF RI	EPORT	
Pelto 2014								J	uly 10 Filing - Or	riginal		
		P. Expenses	s Incurred or	n Committee Cre	dit	Card		•				
Name of Issuing Institution						Type of Credit Visa Other	Card:	Master (Card Di	iscover		American Express
Name of Vendor											Date of Trai	nsaction
Street Address					Cit	у					State	Zip Code
Purpose of Expenditure (by code)	De	escription										Amount
Is this expenditure coordinat which reimbursement is sou If yes, assign an Expenditure	ight?	another candidate for omplete Itemization in Adder	ndum	Yes No		Expenditure # (if applicable)		Event	#			

IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE O							OF REPORT			
Pelto 2014 July 10 Filing - Original Pelto 2014										
Q. Expenses Incurred By Committee but Not Paid During this Period										
Name of Creditor								red		
Street Address	State	Zip Code								
Purpose of Expenditure (by code) Description		·					1	ount Incurred mate or Actual)		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Ad	No		Expenditure # (if applicable)		Event #					
Total of Section Q										
							,			
	IV. EXPENDITURES	(Sections	N - S)							
NAME OF COMMITTEE (Provide Complete N	lame as Registered with Comr	mission)				TYPE OF REF	PORT			
Pelto 2014					July 10 F	Filing - Original				
R. Itemizatio	on of Reimbursements to	Committee	Workers and C	Consul	ltants					
Last Name of Worker/Consultant	First		MI	Date	e of Payme	nt	Method of Payment Check #			
Secondary Payee				<u> </u>				Debit Card		
Street Address		City					State	Zip Code		
Purpose of Expenditure Description (by code)								Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes Expenditure # (if applicable) Event #										
If yes, assign an Expenditure # and completes Itemization in	Aductiquiii K				Total of	f Section R				

IV. EXPENDITURES (Sectuibs N - S)										
NAME OF COMMITTEE (Provide Complete Name as Registere		TYPE OF REPORT								
Pelto 2014	July 10 F	iling - 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							