SEEC FORM 30

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



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COVER PAGE

1.NAME OF COMMITTEE						2. TYP	E OF COMMITTEE		
E Santiago 14						x	Candidate Committee Exploratory Committee		
3. TREASURER NAME									
First Leticia			MI	Last Colon			Suffix		
4. TREASURER ADDRESS									
Street Address 133 Post St		City Bridge	eport			Zip Code 06610			
5. ELECTION DATE	6. OFFICE SOUGHT (Co	omplete or	nly if Candidate	Committee)	•	7. DISTRI	ICT NUMBER (if applicable		
11/04/2014	State Representativ	/e				R130			
8. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Co	ommitte	e)						
First Ezequiel			MI	Last Santiago			Suffix		
9. TYPE OF REPORT									
July 10 Filing - Original									
10. PERIOD COVERED									
	Beginning Date			Ending Date					
	04/01/2014	thru	, ,	06/30/2014					
11 CEDTIEICATION									
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	Leticia Colon			07/:	10/2014 2	2:43:58PM			
SIGNATURE	PRINT NAME OF THE	Ē SIGNF	≟R	DATI	E CERTIFIED				
PENA	LTY FOR FALSE STATEM			E BY FINE NOT TO EXCEED \$ AN ONE YEAR, OR BOTH.	1,000, OR IM	PRISONME	NT		

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					
E Santiago 14	July 10 Filing - Original	July 10 Filing - Original					
	COLUMN A	COLUMN B					
	This Period	Aggregate					
12. Balance on hand from day Committee was formed		\$0.00					
13. Balance on hand at the beginning of Reporting Period	\$0.00						
14. Contributions received from Individuals (Section A and B)	\$3,591.00	\$3,591.00					
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00					
16. Other Monetary Receipts (Section D through I)	\$0.00	\$0.00					
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00					
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$3,591.00	\$3,591.00					
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$3,591.00	\$3,591.00					
20. Expenses Paid by Committee (Section N)	\$882.38	\$882.38					
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$2,708.62	\$2,708.62					
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00					
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00					
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00					
25. Receipts of Organization Expenditures (Section M) OPTIONAL	\$0.00	\$0.00					
26. Beginning Loan Balance	\$0.00						
26a. + Loans Received (Section D)	\$0.00	\$0.00					
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00					
26c Payments on Loan(s)	\$0.00	\$0.00					
26d. Total Outstanding Loan Amount	\$0.00						
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00					
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00					
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00						
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00						

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						1 age 3 01 40	
I. MONETARY RECEIPT	S (Se	ection A-I)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT				
E Santiago 14			July 10	Filing - Original			
A. Total Contributions from Small Contributors-Received this Period	od O	NLY		For Nonparti \$0.00	cipating Cand	lidates ONLY	
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First				MI	Contribution ID #	
Robles		Mitch				0001	
Residential Street Address	City				State	Zip Code	
991 State St		Bridgeport			СТ	06605	
Principal Occupation		Name of Employer					
City Sherrif		Self					
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a lob dependent child of		se, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative				x No			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate	Contributions	1		
fundraising event listed in Section J1? Yes R Cash Personal Check							
X No T	04/	29/2014		\$40.00		\$40.00	
If yes, list Event #							
Last Name	First				MI	Contribution ID #	
Hernandez		Juan				0002	
Residential Street Address	City				State	Zip Code	
585 E Main St		Bridgeport			СТ	06608	
Principal Occupation		Name of Employer					
Retired			Brigepor				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a lob dependent child of		se, or Yes	Amount 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	1		
fundraising event listed in Section 31?							
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	05/	16/2014		\$100.00		\$100.00	
Last Name	First				MI	Contribution ID #	
Lopez		Awilda				0003	
Residential Street Address	City				State	Zip Code	
585 E Main St		Bridgeport			СТ	06608	
Principal Occupation		Name of Employer				4	
Custodian		City of	Bridgepo	ort			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a lot dependent child of		se, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			.,	x No			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate	Contributions]		
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	05/	16/2014		\$50.00		\$50.00	

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT							
E Santiago 14			July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Retamar		Aida		L	0004			
Residential Street Address	City			State	Zip Code			
36 Albion St Apt D52	<u> </u>	Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er					
Retired Is contributor a principal of a state contractor or prospective state contractor?		None Is contributor at	obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Sociated with a Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
Tundraising event listed in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/	18/2014	\$10.00		\$10.00			
				l	1			
Last Name	First			MI _	Contribution ID #			
Soberal	a:	Victoria		E	0005			
Residential Street Address	City	Duideanaut		State	Zip Code 06604			
35 Cole St Principal Occupation		Bridgeport Name of Employ	er	СТ	06604			
Film Production			own Productions					
			abbyist spays or	Amou	unt of Contribution			
Yes X No	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Sociated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
iundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/	18/2014	\$10.00		\$10.00			
	l			l	1			
Last Name	First			MI	Contribution ID #			
Retamar Project Address	City	Michelle		Ct-t-	0006			
Residential Street Address 35 Cole St	City	Bridgeport		State CT	Zip Code 06604			
Principal Occupation	<u> </u>	Name of Employ	er	Ci	00004			
Housing		1 '	eport Housing Authority					
Is contributor a principal of a state contractor or prospective state contractor?		_	obbyist, spouse, or	Amou	unt of Contribution			
Yes 🔼 No	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a 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	05/	18/2014	\$50.00		\$50.00			
Lad Norma	First			Lva	Contribution ID #			
Last Name Ocasio	FIISt	Jasmine		MI	Contribution ID # 0094			
Residential Street Address	City	Justinic		State	Zip Code			
991 State St	,	Bridgeport		CT	06605			
Principal Occupation		Name of Employ	er					
Cashier		Moe's	Burger Joint					
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyfst?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
X No D Personal Check	05.	10/2014	*10.00		¢10.00			
If yes, list Event # Money Order Credit/Debit Card	U5/	19/2014	\$10.00		\$10.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
E Santiago 14			July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Robles		April			0117			
Residential Street Address	City			State	Zip Code			
991 State St	<u> </u>	Bridgeport		СТ	06605			
Principal Occupation		Name of Employ						
Security Is contributor a principal of a state contractor or prospective state contractor?		-	f Bridgeport obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	37	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/	19/2014	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
Soto		Pedro			0097			
Residential Street Address	City	5		State	Zip Code			
225 Vine St	<u> </u>	Bridgeport		СТ	06604			
Principal Occupation Property Management		Name of Employ Self	er					
			obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	Vac	7 111100	ant of Continuation			
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 Responsal Check								
X No	05/	19/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Robles		Evelyn			0096			
Residential Street Address	City			State	Zip Code			
993 State St	<u> </u>	Bridgeport		СТ	06605			
Principal Occupation		Name of Employ						
Maintenance			of Connecticut	A				
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	V	Alliou	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? Yes Cash Responsal Check								
No	05/	19/2014	\$25.00		\$25.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Delvalle		Anjelica			0093			
Residential Street Address	City			State	Zip Code			
1026 Chopsey Hill Rd	<u> </u>	Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er					
N/A Is contributor a principal of a state contractor or prospective state contractor?		N/A	obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amou	or contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Mathed of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes X Cash Personal Check								
If yes, list Event #	05/	19/2014	\$5.00		\$5.00			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
E Santiago 14			July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Boucher		Paul			0090			
Residential Street Address	City			State	Zip Code			
37 Forest Ct	<u> </u>	Bridgeport		СТ	06604			
Principal Occupation		Name of Employ						
Zoning Is contributor a principal of a state contractor or prospective state contractor?		-	f Bridgeport obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	37	Aillot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Sociated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/	19/2014	\$5.00		\$5.00			
					1			
Last Name	First	_		MI	Contribution ID #			
Rivera	a:	Jason		a	0089			
Residential Street Address	City	Duideanaut		State	Zip Code 06604			
288 Benham Ave Principal Occupation		Bridgeport Name of Employ	or	СТ	06604			
N/A		N/A	Ci					
			obbyist, spouse, or	Amou	unt of Contribution			
Yes X No	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Sociated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
iundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/	19/2014	\$10.00		\$10.00			
	<u> </u>							
Last Name	First			MI	Contribution ID #			
Tapia	a:	Lilibeth		a	0095			
Residential Street Address 1026 Madison Ave	City	Pridagnort		State CT	Zip Code 06606			
Principal Occupation	<u> </u>	Bridgeport Name of Employ	or	CI	00000			
Business Owner		Self						
			obbyist, spouse, or	Amou	ant of Contribution			
Yes 🔼 No	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a 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	05/	19/2014	\$100.00		\$100.00			
Lav	F: .			\n_				
Last Name Santana	First	Miguel		MI	Contribution ID # 0098			
Residential Street Address	City	riiguei		State	Zip Code			
585 Norman St	City	Bridgeport		CT	06605			
Principal Occupation		Name of Employ	er		,			
N/A		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with:			X No					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Personal Check	OF /	20/2014	#10.00		¢10.00			
If yes, list Event # Money Order Credit/Debit Card	05/.	20/2014	\$10.00		\$10.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
E Santiago 14			July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Cortes		Jose		Α	0007			
Residential Street Address	City			State	Zip Code			
539 Lindley St		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er					
Retired		None						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x _{No}					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Dute	received	Aggregate Contributions					
X No Cash Personal Check	05/	20/2014	\$100.00		\$100.00			
If yes, list Event #	,	-, -	,					
Last Name	First			MI	Contribution ID #			
Khamarji		Nick		Α	0008			
Residential Street Address	City			State	Zip Code			
610 Brooklawn Ave		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ	er		-			
Business Owner Real Estate Broker		New E	England Realty & Insurance					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundamining event licted in Section 112.	Date	Received	Aggregate Contributions					
Tunidialising event listed in Section 71:								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	05/	20/2014	\$100.00		\$100.00			
T. AV	F: .			\ <i>a</i>	C C C D			
Last Name Cortez	First	Flora		MI	Contribution ID # 0009			
Residential Street Address	City	FIUI d		State	Zip Code			
539 Lindley St	City	Bridgeport		CT	06606			
Principal Occupation	<u>. </u>	Name of Employ	er	C.	00000			
Retired		None						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ınt of Contribution			
Yes 🔼 No	0	dependent child of	-					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Sundarious quantilisted in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/	20/2014	\$100.00		\$100.00			
					la di pu			
Last Name Mercado	First	Ludia		MI A	Contribution ID # 0011			
Residential Street Address	City	Lydia		State	Zip Code			
140 Yale St Apt 16	City	Bridgeport		CT	06605			
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>				
Retired		None						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions					
Tulidasing event insect in Section 71:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/	22/2014	\$50.00		\$50.00			

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I MONETADY DECEMBER (Continue A D								
I. MONETARY RECEIPT	5 (50	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
E Santiago 14			July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Torres		Jose			0012			
Residential Street Address	City			State	Zip Code			
135 Lee Ave		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er					
Disabled		None						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundamental section 112 Yes Wethold of contribution:	Date	Received	Aggregate Contributions					
rundraising event fisted in Section 31?								
X No Cash Personal Check	05/	22/2014	\$20.00		\$20.00			
If yes, list Event #		•			<u> </u>			
Last Name	First			MI	Contribution ID #			
Santiago		Americo			0013			
Residential Street Address	City	Americo		State	Zip Code			
93 Burnham St	City	Bridgeport		CT	06604			
Principal Occupation		Bridgeport Name of Employ	on.	CI	00004			
			CI					
Retired		None						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of								
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					
If yes, list Event # Cash Credit/Debit Card	05/2	22/2014	\$100.00		\$100.00			
				<u> </u>				
Last Name	First			MI	Contribution ID #			
Maldonado		Amanda			0100			
Residential Street Address	City			State	Zip Code			
456 Ezra St		Bridgeport		CT	06606			
Principal Occupation		Name of Employ	er	-				
N/A		N/A						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	·					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event insect in section 31:								
X No Zash Personal Check	05/2	23/2014	\$5.00		\$5.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Maldonado		Maribel			0102			
Residential Street Address	City			State	Zip Code			
459 Ezra St		Bridgeport		CT	06606			
Principal Occupation		Name of Employ	er	L ~ .				
Home Maker		or Employ						
		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Detc	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Personal Check	05 /	22/2014	#F 00		¢E 00			
If yes, list Event # Money Order Credit/Debit Card	l ^{05/}	23/2014	\$5.00		\$5.00			

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I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT						
E Santiago 14			July 10 Filing - Original				
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Jackson		Ariel		К	0099		
Residential Street Address	City			State	Zip Code		
196 Park St		Bridgeport		СТ	06608		
Principal Occupation		Name of Employ	er				
Student				•			
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	int of Contribution		
If yes, indicate which branch or branches of		dependent cinia (
government the contract is with:	Б.	D : 1					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
X No Cash Personal Check	05/	23/2014	\$5.00		\$5.00		
If yes, list Event #	03/	23/2014	\$5.00		\$5.00 		
Last Name	First			MI	Contribution ID #		
Jackson		Ellease		L	0101		
Residential Street Address	City			State	Zip Code		
196 Park St		Bridgeport		СТ	06608		
Principal Occupation	•	Name of Employ	er		!		
Student							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	int of Contribution		
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?				
government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions				
Tunidraising event risted in Section 31:							
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/	23/2014	\$5.00		\$5.00		
T. W	F: .			\ <i>a</i>			
Last Name Beltran	First	Rosa		MI	Contribution ID # 0106		
Residential Street Address	City	RUSa		State	Zip Code		
196 Park St	City	Bridgeport		CT	06608		
Principal Occupation	<u> </u>	Name of Employ	er	<u>.</u>			
Typist			f Bridgeport				
Is contributor a principal of a state contractor or prospective state contractor? Yes No		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution		
	0	dependent child of	-				
If yes, indicate which branch or branches of government the contract is with:			x _{No}				
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions				
Tundraising event insect in Section 71:							
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/	25/2014	\$5.00		\$5.00		
	-				I		
Last Name	First			MI	Contribution ID #		
Burgos	City	Marilyn		Ct-t-	0107		
Residential Street Address 133 Lee Ave	City	Bridgeport		State CT	Zip Code 06605		
Principal Occupation	<u> </u>	Bridgeport Name of Employ	er	CI	00003		
Hairdresser			een O'Hara Salon				
			.1.1	Amou	ınt of Contribution		
Yes X No	0	dependent child of	Vac				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
To this contail nation are sixed units and the Month of the second line is an	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1? Yes X Cash Personal Check							
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/	25/2014	\$5.00		\$5.00		

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
E Santiago 14			July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Diaz		Joseph			0104			
Residential Street Address	City			State	Zip Code			
133 Lee Ave		Bridgeport		СТ	06605			
Principal Occupation Teacher		Name of Employ	er .D. Inc					
			44 1 4	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	7 tinou	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					
Tundraising event instead in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/	25/2014	\$5.00		\$5.00			
	I							
Last Name	First			MI	Contribution ID #			
Rosado Residential Street Address	City	Marcus		D State	0105 Zip Code			
370 Broadbridge Ave	City	Bridgeport		CT	06610			
Principal Occupation		Name of Employ	er	CI	1 00010			
Student		1 ,						
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	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31? X Cash Personal Check								
If yes, list Event # Money Order Credit/Debit Card	05/	25/2014	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Diaz	11130	Joshua		IVII	0103			
Residential Street Address	City			State	Zip Code			
135 Lee Ave		Bridgeport		СТ	06605			
Principal Occupation	•	Name of Employ	er		•			
Student								
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	x No					
government the contract is with: Executive Legislative	D-4-	D i 4						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	05/	25/2014	\$5.00		\$5.00			
If yes, list Event #	00/		40.00					
Last Name	First			MI	Contribution ID #			
Collazo		Kirstielynn			0108			
Residential Street Address	City			State	Zip Code			
182 Whitney Ave		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ						
Daycare			ous Memories	A				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Mathed of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			-					
If yes, list Event #	05/	27/2014	\$5.00		\$5.00			

I MONETA DV DECEIDTS (C L A. D.								
I. MONETARY RECEIPT	5 (50	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
E Santiago 14 July 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Taveras		Astrid			0109			
Residential Street Address	City			State	Zip Code			
256 Cottage St		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er					
Student								
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
	Date	Received	Aggregate Contributions					
s this contribution associated with a fundraising event listed in Section J1?								
X No Cash Personal Check	05/	27/2014	\$10.00		\$10.00			
If yes, list Event #	00,	_,,	410.00					
Last Name	First			MI	Contribution ID #			
Lopes	1 1150	Antonio			0111			
Residential Street Address	City	Antonio		State	Zip Code			
285 Salem St	City	Duideanaut			06606			
		Bridgeport		СТ	00000			
Principal Occupation		Name of Employ	er					
N/A		N/A						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna (·					
government the contract is with:								
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? X Cash Personal Check								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/2	28/2014	\$5.00		\$5.00			
,								
Last Name	First			MI	Contribution ID #			
Torres		Rosa		0	0112			
Residential Street Address	City			State	Zip Code			
774 Hallet St		Bridgeport		CT	06608			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	·					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions					
rundraising event insect in section 31:								
× No	05/2	28/2014	\$20.00		\$20.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Hernandez		Maria			0110			
Residential Street Address	City			State	Zip Code			
201 Arctic St		Bridgeport		СТ	06608			
Principal Occupation		Name of Employ	er					
N/A		N/A	•					
			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	. 111100				
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Personal Check	05 /	20/2014	#F 00		¢E 00			
If yes, list Event # Money Order Credit/Debit Card	l ^{U5/}	28/2014	\$5.00		\$5.00			

I. MONETARY RECEIPT	S (Se	ection A-I)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
E Santiago 14			July 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Gonzalez		Ruben			0113
Residential Street Address	City			State	Zip Code
99 Carnegie Ave	L	Bridgeport		СТ	06610
Principal Occupation Roadway		Name of Employ	^{er} f Bridgeport		
		-	obbyist, spouse, or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? X No Personal Check	l				
If yes, list Event #	05/	28/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Callahan	l list	John		1411	0116
Residential Street Address	City			State	Zip Code
21 Cole St		Bridgeport		СТ	06604
Principal Occupation		Name of Employ	er	-	•
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent enna (
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	05/	28/2014	\$5.00		\$5.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Brown		Ernest			0115
Residential Street Address	City			State	Zip Code
43 Washington Ter	<u> </u>	Bridgeport		СТ	06604
Principal Occupation		Name of Employ	er House		
Is contributor a principal of a state contractor or prospective state contractor?				Amou	ant of Contribution
Yes 🔼 N	О	dependent child of			
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/	28/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Cruz	First	Richard		IVII	0114
Residential Street Address	City			State	Zip Code
117 Chamberlain Pl		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er		
Anesthesiologist		Bridge	eport Hospitol		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		acpendent child (
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Doto	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	05/	28/2014	\$50.00		\$50.00
If yes_list Event # Money Order Credit/Debit Card	1				

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT July 10 Filing - Original									
E Santiago 14 July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Daniels		Andrew		L	0014				
Residential Street Address	City	D : 1		State	Zip Code				
212 Seaview Ave	ļ.,	Bridgeport Name of Employe	ON .	СТ	06607				
Principal Occupation Entry Level Associate Developer			f Bridgeport						
Is contributor a principal of a state contractor or prospective state contractor?		-	obbyist, spouse, or	Amou	ınt of Contribution				
	0	dependent child of							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31? X Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/	28/2014	\$5.00		\$5.00				
				L	La .a . p.				
Last Name Gonzalez	First	Madeline		MI M	Contribution ID # 0015				
Residential Street Address	City	Madeinie		State	Zip Code				
236 Hough Ave		Bridgeport		CT	06608				
Principal Occupation		Name of Employ	er						
Medical Assistant		St. Vi	ncents Medical Center						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Zash Personal Check	05/	29/2014	\$5.00		\$5.00				
If yes, list Event # Money Order Credit/Debit Card	03/.	29/2014	\$5.00		\$5.00 				
Last Name	First			MI	Contribution ID #				
Soto		Reyes		М	0016				
Residential Street Address	City			State	Zip Code				
234 Hough Ave		Bridgeport		СТ	06608				
Principal Occupation		Name of Employe	er						
N/A		N/A							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}						
government the conduct is with.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No	05/	29/2014	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Hernandez		Carmen			0017				
Residential Street Address	City	D : 1		State	Zip Code				
234 Hough Ave Principal Occupation	L	Bridgeport Name of Employe	or	СТ	06608				
Frincipal Occupation			f Bridgeport						
Is contributor a principal of a state contractor or prospective state contractor?			abbreigt anguag or	Amou	ant of Contribution				
Yes X No	О	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
Tundraising event fisted in Section 31?									
X No Cash Personal Check If yes, list Event # Cash Credit/Debit Card	05/	29/2014	\$5.00		\$5.00				

I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
E Santiago 14 July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Rodriguez		Jose		L	0018				
Residential Street Address	City	B : 1		State	Zip Code				
234 Hough Ave		Bridgeport	or.	СТ	06608				
Principal Occupation N/A N/A Name of Employer N/A									
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent cinia c	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?			1-88-98-10						
If yes, list Event #	05/	29/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Hernandez		Gilberto		Р	0019				
Residential Street Address	City			State	Zip Code				
225 Hough Ave		Bridgeport		СТ	06608				
Principal Occupation		Name of Employ	er						
Retired		N/A							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna e	x No						
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? X Yes X Cash Personal Check Personal Check	05/	30/2014	\$30.00		\$30.00				
If yes, list Event # 05302014A	03/	30/2014	\$30.00						
Last Name	First			MI	Contribution ID #				
Maya		Alma		L	0034				
Residential Street Address	City			State	Zip Code				
220 Funston Ave	<u> </u>	Bridgeport		СТ	06606				
Principal Occupation Town Clerk		Name of Employ	^{er} of Bridgeport						
				Amou	ant of Contribution				
Yes 🔼 N	0	dependent child of							
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions						
Tunidialising event instead in Section 71:									
If yes, list Event # 05302014A No Cash Credit/Debit Card	05/	30/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Martinez		Lydia		А	0025				
Residential Street Address	City			State	Zip Code				
92 Grant St		Bridgeport		СТ	06610				
Principal Occupation		Name of Employ	er						
Retired		N/A							
Is contributor a principal of a state contractor or prospective state contractor? Yes 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 Executive Legislative		-	x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?			30 0						
If yes, list Event # 05302014A No No Money Order Credit/Debit Card	05/	30/2014	\$25.00		\$25.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT					
E Santiago 14			July 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Baker		Andre		F	0026			
Residential Street Address	City			State	Zip Code			
985 Stratford Ave	<u> </u>	Bridgeport		СТ	06607			
Principal Occupation		Name of Employ						
Funeral Director Is contributor a principal of a state contractor or prospective state contractor?			employed obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child	Vac	Amou	nt of Controlation			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a X Voc Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash Responsible Cash Cash Responsible Cash Cash Responsible Cash C								
If yes, list Event # 05302014A No Money Order Credit/Debit Card	05/	30/2014	\$50.00		\$50.00			
Ladding	First				Contribution ID#			
Last Name Anastasi	First	Christopher		MI M	Contribution ID # 0024			
Residential Street Address	City	Christopher		State	Zip Code			
25 Sullivan Pl		Bridgeport		СТ	06610			
Principal Occupation		Name of Employ	er					
Sustainability Coordinator		City o	of Bridgeport					
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
government the contract is with:			x No					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
No X Cash Personal Check	05/	30/2014	\$10.00		\$10.00			
If yes, list Event # 05302014A	03/	30/2014	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
Thomas		Joan			0035			
Residential Street Address	City			State	Zip Code			
1997 E Main St		Bridgeport		СТ	06610			
Principal Occupation		Name of Employ	er					
Home Maker		N/A	obbyist spouse or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child	V	Amou	nt 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 fundaring upon thirted in Section 112. X Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? X Yes X Cash Personal Check								
If yes, list Event # 05302014A No Money Order Credit/Debit Card	05/	30/2014	\$10.00		\$10.00			
					<u> </u>			
Last Name	First			MI	Contribution ID #			
Castillo Residential Street Address	City	Alfredo		Stata	0030			
1737 Noble Ave	City	Bridgeport		State CT	Zip Code 06610			
Principal Occupation	<u> </u>	Name of Employ	er	CI	00010			
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	J	dependent child of	31 a 1000yist?					
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					
No Resonal Check	OE /	30/2014	\$20 <u>00</u>		¢20 00			
If yes, list Event # 05302014A No Money Order Credit/Debit Card	05/.	30/2014	\$20.00		\$20.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
E Santiago 14			July 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Rosario		Christopher			0032
Residential Street Address	City			State	Zip Code
195 French St	L.	Bridgeport		СТ	06606
Principal Occupation		Name of Employ			
Director of Anti-Blight			f Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	Is contributor a le dependent child of	obbyist, spouse, or	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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
Tundraising event fisted in Section 31?					
If yes, list Event # 05302014A No Cash Credit/Debit Card	05/3	30/2014	\$20.00		\$20.00
<u> </u>				l	
Last Name	First			MI	Contribution ID #
Colon	G:	Antonia		G: :	0021
Residential Street Address	City	Duidenne		State	Zip Code
133 Post St Principal Occupation	<u> </u>	Bridgeport Name of Employe	or .	СТ	06610
Retired		N/A	ci		
		•	obbyist, spouse, or	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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? X Cash Personal Check					
If yes, list Event # 05302014A No Season Money Order Credit/Debit Card	05/3	30/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Romeo		John		А	0029
Residential Street Address	City			State	Zip Code
710 Noble Ave		Bridgeport		СТ	06608
Principal Occupation		Name of Employe	er	=	•
Clean Water Management			upport		
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	ant of Contribution
If yes, indicate which branch or branches of		dependent child o	a loodyist:		
government the contract is with: Executive Legislative		D 1 1			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	05/	30/2014	\$100.00		\$100.00
If yes, list Event # 05302014A	05/.	30/2014	¥100.00		
Last Name	First			MI	Contribution ID #
Hernandez		Juan			0118
Residential Street Address	City			State	Zip Code
585 E Main St		Bridgeport		СТ	06608
Principal Occupation		Name of Employ	er	-	
Retired		City o	f Brigeport		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent einid t			
government the contract is with:	Det	Pagaine 4			
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	05/	30/2014	\$200.00		\$100.00
If yes list Event # 05302014A Money Order Credit/Debit Card	1 '		•	I	

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT								
E Santiago 14			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Echevarria		Lizzette			0020				
Residential Street Address	City			State	Zip Code				
1077 Old Town Rd	L.,	Bridgeport		СТ	06606				
Principal Occupation Community Outroach		Name of Employ							
Community Outreach Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	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 X Voc Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event instead in Section 31:									
If yes, list Event # 05302014A No Money Order Credit/Debit Card	05/3	30/2014	\$5.00		\$5.00				
					La . i . p. "				
Last Name	First	V:I-+		MI	Contribution ID #				
Fall Residential Street Address	City	Yamilette		A State	O022 Zip Code				
6 Clinton Ave	City	Bridgeport		CT	06605				
Principal Occupation	_	Name of Employ	er	C.	1 00003				
Front Office Clerk			nus Health Care						
Is contributor a principal of a state contractor or prospective state contractor?		-	obbyist, spouse, or	Amou	unt of Contribution				
	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section 112.	Date	Received	Aggregate Contributions						
x Cash Personal Check									
If yes, list Event # 05302014A No Money Order Credit/Debit Card	05/3	30/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Anastasi	1 1150	Mark		T	0023				
Residential Street Address	City	-		State	Zip Code				
25 Sullivan St		Bridgeport		СТ	06610				
Principal Occupation	•	Name of Employ	er		•				
Attorney		City o	f Bridgeport						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child (x No						
government the contract is with: Is this contribution associated with a Method of contribution:	Dete	D i 4							
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
No Cash Personal Check	05/	30/2014	\$10.00		\$10.00				
If yes, list Event # 05302014A	00,		Ψ10.00						
Last Name	First			MI	Contribution ID #				
Ayala		Andres			0027				
Residential Street Address	City			State	Zip Code				
744 Hamcock Ave	L	Bridgeport		CT	06605				
Principal Occupation		Name of Employ							
Teacher — — — — — — — — — — — — — — — — — — —			eport Board of Education	A					
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # 05302014A	05/3	30/2014	\$100.00		\$100.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
E Santiago 14			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Mendez		Alexandro			0028				
Residential Street Address	City			State	Zip Code				
490 E Main St	<u> </u>	Bridgeport		СТ	06608				
Principal Occupation		Name of Employ							
Liquor Store Owner Is contributor a principal of a state contractor or prospective state contractor?			imployed obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a X Voc Method of contribution:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?									
If yes, list Event # 05302014A No X Money Order Credit/Debit Card	05/	30/2014	\$75.00		\$75.00				
				l	1				
Last Name	First			MI	Contribution ID #				
Martine-Walker	a:	Eneida		- C	0031				
Residential Street Address	City	Duideanaut		State	Zip Code 06607				
44 Edwin Strcaseet Principal Occupation		Bridgeport Name of Employ	er	СТ	06607				
Case Manager DMAS			of Connecticut						
			abbyigt groups or	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Service II2 X Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # 05302014A No Money Order Credit/Debit Card	05/	30/2014	\$25.00		\$25.00				
USSUZUITA USBUZUITA	<u> </u>								
Last Name	First			MI	Contribution ID #				
Morales		Jose			0033				
Residential Street Address	City	Duidenne		State	Zip Code				
386 Fairview Ave Principal Occupation	<u> </u>	Bridgeport Name of Employ	or.	СТ	06606				
IT		Impa							
			obbyist snouse or	Amou	ant of Contribution				
Yes A No	0	dependent child of							
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions						
Tunidialising event listed in Section 31:									
If yes, list Event # 05302014A No Money Order Credit/Debit Card	05/	30/2014	\$40.00		\$40.00				
				l					
Last Name	First			MI	Contribution ID #				
Sims Residential Street Address	City	Deborah		State	0036 Zip Code				
302 Union Ave	City	Bridgeport		CT	06617				
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	1 00017				
NRZ Coordinator			f Bridgeport						
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	1 a 1000yist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions						
Tunidialising event listed in Section 31:									
If yes, list Event # 05302014A No Money Order Credit/Debit Card	05/	30/2014	\$10.00		\$10.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT								
E Santiago 14 July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Olmo		John		Α	0038				
Residential Street Address	City			State	Zip Code				
635 Granfield Ave	<u> </u>	Bridgeport		СТ	06605				
Principal Occupation Image Library Supervisor		Name of Employ	^{er} e Library Supervisor						
			obbyist, spouse, or	Amou	unt of Contribution				
Yes X No	0	dependent child of	Voc						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a X Voc Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Responsible Cash Cash Responsible Cash									
If yes, list Event # 05302014A No Money Order Credit/Debit Card	05/	30/2014	\$50.00		\$50.00				
	I								
Last Name	First	6		MI	Contribution ID #				
DeJesus Residential Street Address	City	Cristian		A State	0040 Zip Code				
133 Post St	City	Bridgeport		CT	06610				
Principal Occupation		Name of Employ	er	Ci	00010				
Student		None							
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	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? X No									
If yes, list Event # Money Order Credit/Debit Card	05/	31/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Alarcon	1 1150	Christopher		D	0041				
Residential Street Address	City	•		State	Zip Code				
30 Kenwood Ln		Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er	=	•				
Program Facilitator			eport Public Schools						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (x No						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Dute	received	Aggregate Contributions						
X No Cash X Personal Check	06/	01/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Donofrio		Dahill			0043				
Residential Street Address	City			State	Zip Code				
PO Box 506		Stratford		СТ					
Principal Occupation		Name of Employ							
Disabled Is contributor a principal of a state contractor or prospective state contractor?		Disab	-11	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amou	an or Commountion				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Mathed 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/	03/2014	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
E Santiago 14			July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Kish		Julia			0042			
Residential Street Address	City			State	Zip Code			
PO Box 524		Stratford		СТ	06615			
Principal Occupation		Name of Employ	er					
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 was indicate which because as broughes of	D	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	0.51	00/004	4400.00					
If yes, list Event # No Money Order Credit/Debit Card	06/	03/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Curcio		Gus			0045			
Residential Street Address	City			State	Zip Code			
PO Box 524		Stratford		СТ	06615			
Principal Occupation		Name of Employ	er	-	•			
Consulting			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	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	06/	03/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Regensburger		Joseph		D	0044			
Residential Street Address	City			State	Zip Code			
921 Valley Rd	<u> </u>	Fairfield		СТ	06825-1629			
Principal Occupation Management		Name of Employ	^{er} mployed					
			obbvist snouse or	Amou	ant of Contribution			
Yes 🔼 N	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Society 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event risted in Section 31?								
If yes, list Event # Cash Credit/Debit Card	06/	06/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Banta		Jack		0	0046			
Residential Street Address	City			State	Zip Code			
21 Cole St		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ	er					
Cable Servicer			North R.R.					
Is contributor a principal of a state contractor or prospective state contractor? Yes 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 Executive Legislative			x _{No}					
Is this contribution associated with a Mathed 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/	10/2014	\$40.00		\$40.00			

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
E Santiago 14			July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Negron		Jose		Α	0047			
Residential Street Address	City			State	Zip Code			
30 Cole St		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ	er					
		GO Yı	unk					
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:		dependent child of	x No					
Is this contribution associated with a Method of contribution.	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1? Yes X Cash Personal Check								
If yes, list Event #	06/	15/2014	\$20.00		\$20.00			
Last Name	First			MI	Contribution ID #			
Callahan	FIISt	John		IVII	0048			
Residential Street Address	City	JOIIII		State	Zip Code			
21 Cole St		Bridgeport		СТ				
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution			
	3	dependent child of	of a foodyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	06/	15/2014	\$15.00		\$10.00			
If yes, list Event #			413.00					
Last Name	First			MI	Contribution ID #			
Nieves		Dulce		М	0049			
Residential Street Address	City			State	Zip Code			
61 Center St		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ	er	•	•			
Coordinator		Child	ren in Placement					
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes indicate which branch or branches of		dependent child of	or a robbyist:					
government the contract is with: Executive Legislative			x No					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
X No Cash Personal Check	06/	17/2014	\$20.00		\$20.00			
If yes, list Event #	00/	17/2014	\$20.00		\$20.00			
Last Name	First			MI	Contribution ID #			
Vincent		Barrett			0051			
Residential Street Address	City			State	Zip Code			
433 Park Ave		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ	er	•				
Mover		Myers	s Moving					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			338					
If yes, list Event #	06/	17/2014	\$10.00		\$10.00			

I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) E Santiago 14			TYPE OF REPORT July 10 Filing - Original		
B. Itemized Contributions from	m Inc	lividuals			
Last Name	First			MI	Contribution ID #
Negron		Sherry		М	0052
Residential Street Address	City	B : 1		State	Zip Code
30 Cole St		Bridgeport Name of Employ		СТ	06604
Principal Occupation Unemployed			ployed		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes X Cash Personal Check					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	17/2014	\$10.00		\$10.00
Last Name	First			MI	Contribution ID #
Banta	1 1150	James			0053
Residential Street Address	City			State	Zip Code
431 Park Ave		Bridgeport		СТ	06604
Principal Occupation		Name of Employ	er		•
Teacher		Subur	ban tech		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent ennu e	x No		
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			86 .8		
If yes, list Event #	06/	17/2014	\$20.00		\$20.00
Last Name	First			MI	Contribution ID #
Robles		Michelle			0055
Residential Street Address	City			State	Zip Code
993 State St		Bridgeport		СТ	06605
Principal Occupation		Name of Employ			
Shipping		Auto			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: 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/	17/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Bourne		Blaine		D	0050
Residential Street Address	City			State	Zip Code
991 State St		Bridgeport		СТ	06605
Principal Occupation		Name of Employ			
Machinist Is contributor a principal of a state contractor or prospective state contractor?			eport Tool Die Corp. obbyist, spouse, or	Amou	ant 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 Sociated With a Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event fisted in Section 31?					
If yes, list Event # Cash Credit/Debit Card	06/	17/2014	\$10.00		\$10.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
E Santiago 14			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Robles		April			0054				
Residential Street Address	City			State	Zip Code				
991 State St		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ							
Security		-	f Bridgeport	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? Yes	Amot	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 Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes X Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	17/2014	\$15.00		\$5.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Roach		Daniel		S	0056				
Residential Street Address	City			State	Zip Code				
19 Quinlan Ave		Bridgeport		СТ	06605				
Principal Occupation Restaurant Owner		Name of Employ	mployed						
			11.11	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	Vac	111100	ant of Continuation				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a	Date	Received	Aggregate Contributions						
lundraising event listed in Section 31:									
U No I ☐ ····· ☐ ·····	06/	19/2014	\$50.00		\$50.00				
If yes, list Event # 06192014B									
Last Name	First			MI	Contribution ID #				
Bruce		Mary		L	0057				
Residential Street Address	City			State	Zip Code				
323 Fairfield Ave	<u> </u>	Bridgeport		СТ	06604				
Principal Occupation Retired		Name of Employ Retire							
			obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of		7 tinot	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 Is greatly a Is a Individual part listed in Section 112 In a In a	Date	Received	Aggregate Contributions						
Tunidaising event listed in Section 31:									
If yes, list Event # 06192014B No Money Order Credit/Debit Card	06/	19/2014	\$25.00		\$25.00				
301311111				<u> </u>					
Last Name	First			MI	Contribution ID #				
Testo		Mario		_	0083				
Residential Street Address	City	Duideanaut		State	Zip Code				
1775 Madison Ave Principal Occupation	<u> </u>	Bridgeport Name of Employ	or	СТ	06606				
Restaurant Owner			mployed						
			-11	Amou	ant of Contribution				
Yes X N	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
Tunidaising event listed in Section 31:									
If yes, list Event # 06192014B No Money Order Credit/Debit Card	06/	19/2014	\$50.00		\$50.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
E Santiago 14			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Ayala		Alberto			0068				
Residential Street Address	City			State	Zip Code				
773 Kossuth St		Bridgeport		СТ	06608				
Principal Occupation		Name of Employ							
unemployed Is contributor a principal of a state contractor or prospective state contractor?			ployed obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc	Amot	int of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions	1					
Tundraising event instead in Section 31:									
If yes, list Event # 06192014B No Money Order Credit/Debit Card	06/	19/2014	\$25.00		\$25.00				
I Honey order									
Last Name	First			MI	Contribution ID #				
Pivirotto		Elaine			0062				
Residential Street Address	City			State	Zip Code				
2625 Park Ave # 9E		Bridgeport		СТ	06604				
Principal Occupation		Name of Employ	^{er} mployed						
Ct State Marshall Is contributor a principal of a state contractor or prospective state contractor?			11.14	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Amot	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
Is this contribution associated with a fundraising event listed in Section J1?									
No Cash X Personal Check	06/	19/2014	\$50.00		\$50.00				
If yes, list Event # 06192014B									
Last Name	First			MI	Contribution ID #				
Bourne		Blaine		D	0076				
Residential Street Address	City			State	Zip Code				
991 State St		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ							
Machinist			ool & Die						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
No Cash Personal Check	06/	19/2014	\$10.00		\$10.00				
If yes, list Event # 06192014B									
Last Name	First			MI	Contribution ID #				
Roach		Bonita			0074				
Residential Street Address	City			State	Zip Code				
19 Quinlan Ave		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ							
Senior Center Coordinator			iel Santiago						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			35-50						
X Cash	06/	19/2014	\$5.00		\$5.00				
If yes, list Event # 06192014B	1			I					

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I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT								
E Santiago 14			July 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals									
Last Name	First			MI	Contribution ID #						
Freddino		Michael		D	0078						
Residential Street Address	City			State	Zip Code						
31 Rusling Pl	L	Bridgeport		СТ	06604						
Principal Occupation Inspector		Name of Employ	^{er} f Bridgeport								
		-	11.14	Amou	Amount of Contribution						
Yes X No	0	dependent child of	Voc								
If yes, indicate which branch or branches of government the contract is with:			x _{No}								
Is this contribution associated with a X Voc Method of contribution:	Date	Received	Aggregate Contributions								
X Cash Personal Check											
If yes, list Event # 06192014B No Money Order Credit/Debit Card	06/	19/2014	\$25.00		\$25.00						
Last Name	First			MI	Contribution ID #						
Laffitte	FIISt	Raul		IVII	0059						
Residential Street Address	City	Radi		State	Zip Code						
225 Intervale Rd	,	Trumbull		СТ	06611						
Principal Occupation	1	1									
Transportation Director	f Bridgeport, Board of Educa	tion									
Is contributor a principal of a state contractor or prospective state contractor?	Amou	ant of Contribution									
If yes, indicate which branch or branches of											
government the contract is with: Legislative Legislative											
Is this contribution associated with a fundraising event listed in Section J1? X Yes	Date	Received	Aggregate Contributions								
No Cash X Personal Check	06/	19/2014	\$25.00		\$25.00						
If yes, list Event # 06192014B	00,		Ψ25.00	<u> </u>							
Last Name	First			MI	Contribution ID #						
Scinto		Dennis			0064						
Residential Street Address	City			State	Zip Code						
2641 Madison Ave	<u> </u>	Bridgeport		СТ	06606-2632						
Principal Occupation		Name of Employ									
Code Enforcement		-	f Bridgeport obbyist, spouse, or	Amor	unt of Contribution						
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of		Aillou	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 fundamining event listed in Section 112.	Date	Received	Aggregate Contributions								
Tunidialising event listed in Section 31:											
If yes, list Event # 06192014B No South Cash Cash Cash Cash Cash Cash Cash Cas	06/	19/2014	\$40.00		\$40.00						
I and Name	Einst			Lva	Contribution ID#						
Last Name Robles	First	Joseph		MI A	Contribution ID # 0069						
Residential Street Address	City	эозерп		State	Zip Code						
839 Park Ave		Bridgeport		СТ	06605						
Principal Occupation	•	Name of Employ	er	1	•						
N/A N/A											
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution						
If yes, indicate which branch or branches of Executive Legislative			x No								
government the contract is with:	Date	Received	Aggregate Contributions	ł							
fundraising event listed in Section J1?			35-5 304413413113								
If yes, list Event # 06192014B No	06/	19/2014	\$30.00		\$30.00						

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I, MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	o (o i	ection A-1)	TYPE OF REPORT							
E Santiago 14			July 10 Filing - Original							
B. Itemized Contributions from	n Ind	lividuala								
	_	iiviuuais			T					
Last Name Robles	First	Nereyda		MI	Contribution ID # 0070					
Residential Street Address	City			State	Zip Code					
839 Park Ave		Bridgeport		СТ	06605					
Principal Occupation		Name of Employ	er	-	•					
N/a		N/A								
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or	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 X Vos Method of contribution:	Date	Received	Aggregate Contributions	1						
X Coch Personal Check										
If yes, list Event # 06192014B No Money Order Credit/Debit Card	06/	19/2014	\$30.00		\$30.00					
Last Name	First			MI	Contribution ID #					
Howard	FIISt	Patricia		a	0067					
Residential Street Address	City	ratificia		State	Zip Code					
20 A Karen Ct	City	Bridgeport		CT	06606					
Principal Occupation		Name of Employ	er	CI	00000					
Deputy Registrar										
	Amou	ant of Contribution								
Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}							
Is this contribution associated with a State of the Contribution a	Date	Received	Aggregate Contributions							
rundraising event listed in Section 31?										
If yes, list Event # 06192014B No X Cash Personal Check No X Cash Personal Check Perso	06/	19/2014	\$15.00		\$15.00					
					I					
Last Name	First	Viele		MI	Contribution ID # 0080					
Bosse Residential Street Address	City	Kialwnw		State	Zip Code					
98 Judson Pl	City	Bridgeport		CT	06610					
Principal Occupation		Name of Employ	or	<u> </u>	00010					
N/a		N/a	Ci							
Is contributor a principal of a state contractor or prospective state contractor?		•	obbyist, spouse, or	Amou	ınt of Contribution					
Yes A No)	dependent child of	of a lobbyist?							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}							
Is this contribution associated with a	Date	Received	Aggregate Contributions							
Tunidraising event instead in Section 31:										
If yes, list Event # 06192014B	06/	19/2014	\$5.00		\$5.00					
Last Name	First			MI	Contribution ID #					
Parziale	1 1130	Lisa			0060					
Residential Street Address	City			State	Zip Code					
97 Brick Ter		Bridgeport		СТ	06604					
Principal Occupation		Name of Employ	er		ļ.					
Realtor Coldwell Banter R.E.										
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		dependent child of	a lobbyist?							
government the contract is with:	Date	Received	Aggregate Contributions	ŀ						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions							
No Cash X Personal Check	06/	19/2014	\$15.00		\$15.00					
If yes, list Event # 06192014B	I 55/	-,	¥20.00		,					

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L. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original								
E Santiago 14			July 10 Filling - Original								
B. Itemized Contributions from	n Ind	ividuals									
Last Name	First			MI	Contribution ID #						
Dorgan		Johanna		Т	0063						
Residential Street Address	City			State	Zip Code						
88 Lance Cir	<u> </u>	Bridgeport		СТ	06606						
Principal Occupation Constituent Services Rep.		Name of Employe	^{er} f Bridgeport								
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ınt of Contribution						
)	dependent child of									
If yes, indicate which branch or branches of government the contract is with:		_	x _{No}								
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions								
Cash Personal Check											
If yes, list Event # 06192014B No Money Order Credit/Debit Card	06/1	19/2014	\$25.00		\$25.00						
Last Name	First			MI	Contribution ID #						
Guman	Thist	Dorothy		A	0061						
Residential Street Address	City	,		State	Zip Code						
618A Erie Ln		Stratford		СТ	06614						
Principal Occupation	-	-									
Registered Nurse											
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											
If yes, indicate which branch or branches of Executive Legislative											
government the contract is with:											
fundraising event listed in Section J1?			88 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -								
No Cash X Personal Check	06/1	19/2014	\$20.00		\$20.00						
If yes, list Event # 06192014B											
Last Name	First			MI	Contribution ID #						
Morales		Jose			0077						
Residential Street Address	City			State	Zip Code						
386 Fairview Ave Principal Occupation	<u> </u>	Bridgeport	ON .	СТ	06606						
IT	Name of Employer Impact										
				Amou	ant of Contribution						
Yes A No)	dependent child o	3/								
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No								
Is this contribution associated with a fundamining expert listed in Section 112	Date	Received	Aggregate Contributions								
Tunidiaising event instead in Section 31:											
If yes, list Event # 06192014B No Cash Personal Check Money Order Credit/Debit Card	06/1	19/2014	\$25.00		\$25.00						
Last Name	First			MI	Contribution ID #						
Ford	Thist	Ralph		R	0058						
Residential Street Address	City	<u> </u>		State	Zip Code						
410 Mill Hilll Ave		Bridgeport		СТ	06610						
Principal Occupation Name of Employer											
Psychologist		Self e	mployed								
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution						
If yes, indicate which branch or branches of		acpendent child (
government the contract is with:	Date	Received	Aggregate Contributions								
fundraising event listed in Section J1?	Date										
If yes, list Event # 06192014B	06/1	19/2014	\$50.00		\$50.00						

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I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`		TYPE OF REPORT								
E Santiago 14			July 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals	•								
Last Name	First			MI	Contribution ID #						
Moye		Denise			0065						
Residential Street Address	City	Duidenand		State	Zip Code						
380 Iranistan Ave Principal Occupation	<u> </u>	Bridgeport Name of Employ	or .	СТ	06604						
Disabled		Disab									
			obbyist, spouse, or	Amou	ant of Contribution						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	*								
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: Yes	Date	Received	Aggregate Contributions								
X Cash Personal Check			400.00								
If yes, list Event # 06192014B No Money Order Credit/Debit Card	06/	19/2014	\$20.00		\$20.00						
Last Name	First			MI	Contribution ID #						
McClendon	1 1100	June			0066						
Residential Street Address	City			State	Zip Code						
57D Terrace Cir		Bridgeport		СТ	06606						
Principal Occupation	•	•									
Home School Coordinator	l of Education										
Is contributor a principal of a state contractor or prospective state contractor?	obbyist, spouse, or Yes	Amou	unt of Contribution								
If yes, indicate which branch or branches of											
government the contract is with: Executive Legislative											
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions								
No Rash Personal Check	06/	19/2014	\$5.00		\$5.00						
If yes, list Event # 06192014B	00/	19/2014	\$5.00		\$3.00						
Last Name	First			MI	Contribution ID #						
Nieves		Carmen		Α	0071						
Residential Street Address	City			State	Zip Code						
672 Atlantic St		Bridgeport		СТ	06605						
Principal Occupation		Name of Employ									
Program Manager			Vorkplace								
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution						
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}								
government the contract is with.	Date	Received	Aggregate Contributions	1							
fundraising event listed in Section J1? X Yes Method of contribution: X Cash Personal Check											
If yes, list Event # 06192014B No SX Cash Personal Check Money Order Credit/Debit Card	06/	19/2014	\$6.00		\$6.00						
I you, is the total of the control o											
Last Name	First			MI	Contribution ID #						
Colon		Lissette			0073						
Residential Street Address 405 Peet St	City	Pridagnort		State CT	Zip Code 06605						
Principal Occupation	<u> </u>	Bridgeport Name of Employ	er	Ci	00003						
Chief of Staff to the Supt. of scho											
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	·								
If yes, indicate which branch or branches of government the contract is with:			x _{No}								
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions]							
Tunidialising event listed in Section 31:											
If yes, list Event # 06192014B No Money Order Credit/Debit Card	06/	19/2014	\$25.00		\$25.00						

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I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT								
E Santiago 14			July 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals									
Last Name	First			MI	Contribution ID #						
Quinones		Jeannine		Α	0075						
Residential Street Address	City			State	Zip Code						
674 Atlantic St	L	Bridgeport		СТ	06604						
Principal Occupation Office Assistant		Name of Employ	^{er} ms Financial Corp.								
			obbyict chause or	Amou	ant of Contribution						
Yes X No	o	dependent child of	Voc								
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}								
Is this contribution associated with a X Vos Method of contribution:	Date	Received	Aggregate Contributions								
Tunidaising event instead in Section 31:											
If yes, list Event # 06192014B No Solution No Money Order Credit/Debit Card	06/	19/2014	\$5.00		\$5.00						
Last Name	First			MI	Contribution ID #						
Ebron	1 1130	Loretta		IVII	0079						
Residential Street Address	City	2010114		State	Zip Code						
303 Jefferson St		Bridgeport		СТ	06607						
Principal Occupation		•									
Senior CHW	-	obbyist, spouse, or									
Is contributor a principal of a state contractor or prospective state contractor?	Amou	ant of Contribution									
If yes, indicate which branch or branches of											
government the contract is with: Legislative Legislative Legislative Legislative Date Received Aggregate Contributions											
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions								
No Cash Personal Check	06/:	19/2014	\$5.00		\$5.00						
If yes, list Event # 06192014B			·		·						
Last Name	First			MI	Contribution ID #						
Leguisamo		Wilfredo			0082						
Residential Street Address	City			State	Zip Code						
440 A Trumbull Ave	<u> </u>	Bridgeport		СТ	06606						
Principal Occupation Outreach Worker		Name of Employ	er nus Health Center								
			obbyist snouse or	Amou	unt of Contribution						
Yes 🔼 No	o	dependent child of	of a lobbyist?								
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}								
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions								
Tunidaising event listed in Section 31:											
If yes, list Event # 06192014B No Money Order Credit/Debit Card	06/:	19/2014	\$5.00		\$5.00						
Last Name	First			MI	Contribution ID #						
Ayala	1 1150	Christina			0084						
Residential Street Address	City			State	Zip Code						
506 Brooks St		Bridgeport		СТ	06608						
Principal Occupation		Name of Employ	er	-	-						
Legislator State of Connecticut											
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	ant of Contribution						
If yes, indicate which branch or branches of Executive Legislative			x No								
Is this contribution associated with a Mathed of contribution:	Date	Received	Aggregate Contributions								
fundraising event listed in Section J1?			55 -5								
If yes, list Event #	06/2	20/2014	\$20.00		\$20.00						

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I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT								
E Santiago 14			July 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals									
Last Name	First			MI	Contribution ID #						
Diaz		Luis		Α	0085						
Residential Street Address	City			State	Zip Code						
71 Westmoor Rd	<u> </u>	Milford		СТ	06460						
Principal Occupation		Name of Employ	er								
Supervisor Is contributor a principal of a state contractor or prospective state contractor?		USPS Is contributor at	obbyist, spouse, or	Amou	ant of Contribution						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Voc	Amou	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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions								
tundraising event risted in Section 31:											
If yes, list Event # Cash Personal Check X No X Money Order Credit/Debit Card	06/	25/2014	\$100.00		\$100.00						
I story out Citables and											
Last Name	First			MI	Contribution ID #						
Jansson		Jannelle		M	0086						
Residential Street Address	City	Nation 1		State	Zip Code						
71 Westmoor Rd Principal Occupation	<u> </u>	Milford Name of Employ	on.	СТ	06460						
Speech Pathologist											
		CES Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution						
Is contributor a principal of a state contractor or prospective state contractor? Yes No											
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?											
If yes, list Event # Cash Personal Check X Money Order Credit/Debit Card	06/	25/2014	\$100.00		\$100.00						
in yes, list Event #											
Last Name	First			MI	Contribution ID #						
Reyes		Eddie			0088						
Residential Street Address	City			State	Zip Code						
290 Westfield Ave	<u> </u>	Bridgeport		СТ	06606						
Principal Occupation		Name of Employ									
Restaurant Owner			mployed	Amou	ant of Contribution						
Is contributor a principal of a state contractor or prospective state contractor? Yes No	о	dependent child of	V	Amou	ant of Contribution						
If yes, indicate which branch or branches of Executive Legislative			x _{No}								
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions								
fundraising event listed in Section J1? Yes Cash Responsal Check											
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	06/	28/2014	\$100.00		\$100.00						
If yes, list Event #											
Last Name	First			MI	Contribution ID #						
McCarthy		Thomas		С	0087						
Residential Street Address	City	Bridgeport		State	Zip Code						
135 Harlem Ave	er	СТ	06606								
Principal Occupation Deputy Director of Labor Relations											
ls contributor a principal of a state contractor or prospective state contractor? Yes No ls contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution											
If yes, indicate which branch or branches of Executive Legislative			x _{No}								
Is this contribution associated with a Mathod of contribution.	Date	Received	Aggregate Contributions								
fundraising event listed in Section J1? Yes Gash Regional Check											
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	06/	28/2014	\$100.00		\$100.00						

							Page 31 of 40		
						Total of Section I	\$3,591.00		
TOTAL OF ALL CONTRIBUTIONS FROM IND	DIVIDUA	ALS (Sections A	+B) (Total	on Line 14 of S	Gummary Page)	\$3,591.00		
							-		
I. 1	MONE	TARY RECE	IPTS (S	ection A-I)					
NAME OF COMMITTEE (Provide Complete Name as R	egistered	with Commission	n)			TYPE OF RE	PORT		
E Santiago 14 July 10 Filing - Original							1		
C1. Contributions from Other Committees									
Name of Committee Name of Treasurer									
Address Is this contribution associated with a Yes No Amount of Contrib									
			1	g event listed in Section					
	State	Zip Code	Date R	If yes, list Event #	Aggregate Cont	ributions			
City	State	Zip code	Date 10	3301704	. igg. egate com				
	<u> </u>								
						Total of Section C1			
I MONE	TADV	RECEIPTS (Castian	4 T)					
I. WONE	IAKI	KECEIF 15 (Section A						
NAME OF COMMITTEE						TYPE OF REPORT			
E Santiago 14 July 10 Filing - Origi									
C2. Reimbursements,	Paymer	nts, or Surplus l	Distributi	ons from other	Committee	es			
Name of Committee				Name of Treasurer					

State

Zip Code

Date Received

Total of Section C2

Reimbursement for shared expense

Payment for goods and services

Amount of Receipt

Address

City

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE					TYPE	OF REPORT				
E Santiago 14				Ju	luly 10 Filing - Original					
	D. Loan	s Received this Peri	od							
Name of Lender			Source of Loan:				Date of Receipt			
Traine of Ecider			Bank Candid	date	Individua	l Other	Bute of receipt			
Street Address							Is there a cosigner or Guarantor of this loan? Yes No			
Name of Cosigner/Guarantor (if applical	Amount Received									
Street Address		City			State	Zip Code				
Total of Section D										
I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE TYPE OF REPORT										
E Santiago 14 July 10 Filing - Original										
E. Personal I	Funds of the Candidate Rec	ceived this Period (C	Candidate Committee	es ONLY	7)					
Date of Receipt	Method of Payment Cash	Personal Check	Credit/Debi	it Card			Amount			
					Total of	Section E				
	I. Mo	onetary Receipts (Section A-I)							
NAME OF COMMITTEE					Т	YPE OF REPOR	Т			
E Santiago 14					July 10 F	Filing - Original				
	G. Interest fro	m Deposits in Autho	orized Accounts							
Name of Institution				Date	Received		Amount			
Street Address		City		State	Zip	Code				
		<u> </u>			T	otal of Section G				

Total of Section I

	I. MO	NETARY RECEII	PTS (Section A-K)					
NAME OF COM	MITTEE				TYPE OF REPORT			
E Santiago 14		Ju	y 10 Filing - Original					
	H. Public Grant I	Funds Received from	the Citizens' Election F	`und				
Purpose of Grant:		Grant Cycle:			Date Received	Amount		
	Initial Grant Adjustment	Primary	General Election S	pecial Election				
	Supplemental/Post Election Deficit							
					Total of Section H			
	I. I	MONETARY REC	EIPTS (Section A-K)					
NAME OF COM	MITTEE				TYPE OF REPOR	RT		
E Santiago 14				Jul	10 Filing - Original			
I. Miscellaneous Monetary Receipts not Considered Contributions								
Name				Dat	e of Transaction	Amount Received		
Street Address		City		State	Zip Code			

Description

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)												
NAME OF COMMITTEE						TYPE OF	REPOI	RT				
E Santiago 14						July 10 Filing - Origin	nal					
	J1. Fundraising Event I	nforma	tion									
Fundraising Event # Date of Fundraiser 05/30/2014 Letter A	Description Meet and Greet Event											
Location: Street Address 1001 E Main St					City Bridgepor	t		State CT	Zip Code 06608			
Was this fundraising event hosted at a personal resid	\equiv	Yes No	complete required information for puchases made by host(s) for food, beverage 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 No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.								
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			Yes No	(If yes, enter Total Receipts here.) \$0.0								
Fundraising Event # Date of Fundraiser 06/19/2014 Letter B	Description Meet and Greet Event											
Location: Street Address 269 Fairfield Ave					City Bridgepor	t		State CT	Zip Code 06604			
Was this fundraising event hosted at a personal resid	lence?	\equiv	Yes No	complete required information for puchases made by host(s) for food, beverage 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 No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.								
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	Yes No	\$0					\$0.00					
					To	tal of Section J1			\$0.00			

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)											
NAME OF COMMITTEE (Provide	Complete Name as Reg	istered wit	h Commissi	ion)		TYPE OF REP	ORT				
E Santiago 14						July 10 Filing - Original	July 10 Filing - Original				
	J3. In-Kind Donat	ions Not	Considere	d Contributions	S						
Name of the Donor											
Street Address				City			State	Zip Code			
Donation Given by: Individual		farket Value of Donation									
Business Entity Sole Proprietorship	Date Received	Event #			Aggrega	te value for this event					
						Total of Section J3					
·											
	III. NON	MONET	ARY RE	CEIPTS (Sec	tions K - M)						
NAME OF COMMITTEE						TYPE OF RE	EPORT				
E Santiago 14						July 10 Filing - Original					
	K. 1	In-Kind (Contributi	ons							
Name											
Street Address					City		State	Zip Code			
Is this contribution associated with a fundraising listed in Section J1? If yes, list Event#	event Y	es	Description	of In-Kind Contribution	n						
Is Contributor a lobbyist, spouse, or dependent c of a lobbyist?	hild Yes No	contracto		of a state contractor or the branch or branches of tract is with:	f	Yes No tecutive Legislative		arket Value of this Contribution			
Type of Contributor:				Date Received		Aggregate contributions					
Individual Co	ommittee	Sole Propri	etorship								
						Total of Section K					

Total of Section M

III. Non Monetary Receipts (Sections K - M)										
NAME OF COMMITTEE (Provide Complete Name as Registered w		TYPE OF REPORT								
E Santiago 14	E Santiago 14									
L. Refundable Deposit to	Teleph	one Company		·						
Last Name of Individual	Firs	st Name			MI Date De		eposit Made			
Residential Street Address	City			State	Zip Code		Amount of Deposit			
Name of Telephone company	ľ	i								
Street Address	City			State	Zip Code					
III. NONMONI	ETARY	Y RECEIPTS (S	ections l	K - M)						
NAME OF COMMITTEE					TYPE OF REPORT					
E Santiago 14				Ju	ıly 10 Filing -	Original				
M. Non-Monetary Receipts of Organiz Legislative Caucus, and Party Commi					dership,					
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY) Name of Treasure										
Street Address						Received	Fair Market Value of Donation			
City	y State				Aggregate D	Oonations				
Description of Donation	Expenditure B	С П)							

IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE							OF REPORT			
E Santiago 14 July 10 Filing						- Original				
N. Expenses Paid By Committee										
Name of Payee Laser Graphic LLC Date of Payr 05/28/20						Method of Payment X Check # 0091 Debit Card				
Street Address 284 Racebrook Rd Ste 224 City Orange						State Zip Code CT 06477				
Purpose of Expend FNDR *	Description Printing materials/brochures						Amount			
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Yes Expenditure # (if applicable) Event # (if applicable)						\$375.00				
Name of Payee Date of Pay El Flamboyan Restaurant & Bar 05/30/20						Method of Payment X Check # 0092 Debit Card				
Street Address 1001 E Main St			City Bridgeport			State CT	Zip Code 06608			
Purpose of Expend FNDR *	Description Fundraiser						Amount			
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Expenditure # Expenditure # (if applicable) 05302						\$207.38				
Name of Payee Bare Tapas & Vinos				Date of Payr 06/14/20		Method of	Payment Check # 0093 Debit Card			
Street Address 296 Fairfield Ave			City Bridgeport			State CT	Zip Code 06604			
Purpose of Expend FNDR *	Description Fundraiser						Amount			
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	sought? X No (if applicable)				;)14B	\$300.00				
					Total of	f Section N	\$882.38			

Total of Section P

IV. EXPENDITURES (Sections N - S)												
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)							TYPE OF REPORT					
					July 10 Filing - Original							
	O. Expe	nses Paid By	Candidate									
Name of Payee (Name of vendor who candidate paid directly) Date of Payment						nt	Is Reim	Reimbursement Claimed? Yes No				
Street Address City					State	;	Zip Code			Amount		
Purpose of Expenditure (by code)	scription					Event	#					
								Total o	of Secti	ion O		
IV. EXPENDITURES (Sections N - S)												
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF R								OF RE	F REPORT			
E Santiago 14					July 10 Filing - Original							
P. Expenses Incurred on Committee Credit Card												
Name of Issuing Institution				,	Type of Credit Card: Visa Master Card Discover Other						American Express	
Name of Vendor Date of Transaction												
Street Address Ci								5	State	Zip Co	ode	
Purpose of Expenditure (by code)	Description										Amount	
Is this expenditure coordinated with another candidate for Yes which reimbursement is sought? No Expenditure # (if applicable) If yes, assign an Expenditure # and complete Itemization in Addendum												

IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT					
E Santiago 14					uly 10 Filing - Ori	ng - 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						Amount Incurred (Estimate or Actual)				
Is this expenditure coordinated with another candidate for which Yes Expenditure # (if applicable) No If yes, assign an Expenditure # and completes Itemization in Addendum Q										
Total of Section Q										
IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORTED								PORT		
E Santiago 14 July 10 Filing - Original										
R. Itemization of Reimbursements to Committee Workers and Consultants										
Last Name of Worker/Consultant		MI	Date of Payment			Method of Payment Check # Debit Card				
Secondary Payee										
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) No					#					
If yes, assign an Expenditure # and completes Itemi	nzauon in Addendum K				Total of	Section R				

IV. EXPENDITURES (Sectuibs N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registere		TYPE OF REPORT					
E Santiago 14	July 10 F	July 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				