Electronic Filing

**SEEC FORM 30** Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012



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Page 1 of 45

COVER PAGE										
1.NAME OF COMMITTEE							2. TYP	PE OF COMMITTEE		
Explore Team Boughton								Candidate Committee		
3. TREASURER NAME			•							
First William			МІ <b>Е.</b>	Last <b>Riemer</b>				Suffix		
4. TREASURER ADDRESS										
Street Address 50 W District Rd		City Farmi	ington		Sta CT			Zip Code <b>06085</b>		
5. ELECTION DATE	6. OFFICE SOUGHT ( Ca	omplete of	nly if Candidate	Committee)			7. DISTR	ICT NUMBER ( if applicable		
11/04/2014	Undetermined									
8. CANDIDATE NAME (Complete only if Complete only if Comp	Candidate or Exploratory Co	ommittee	e)							
First Mark			MI D.	Last Boughton				Suffix		
9. TYPE OF REPORT										
October 10 Filing - Original										
10. PERIOD COVERED										
	Beginning Date			Ending Date						
	08/04/2013	thru	Ц	09/30/2013						
11. CERTIFICATION										
I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.										
Electronic Filing	William Riemer				10/10/20	013 5:	53:05PM	I		
SIGNATURE	PRINT NAME OF THI	E SIGNE	ER		DATE CER	TIFIED				
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.										

SEEC FORM 30 Itemized Campaign Finance Disclosure Statement

## CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012

SUMMARY	PAGE TOTALS
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NAME OF COMMITTEE	TYPE OF REPORT	TYPE OF REPORT						
Explore Team Boughton	October 10 Filing - Original	October 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)	\$14,545.00	\$14,545.00						
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00						
16. Other Monetary Receipts (Section D through I)	\$4.20	\$4.20						
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)	\$14,549.20	\$14,549.20						
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$14,549.20	\$14,549.20						
20. Expenses Paid by Committee (Section N)	\$3,977.77	\$3,977.77						
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$10,571.43	\$10,571.43						
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							

						Page 3 of 45		
I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT				
Explore Team Boughton				10 Filing - Original				
			<u> </u>	For Nonnortio	insting Cond	lidataa ONI V		
A. Total Contributions from Small Contributors-Received this Perio	od Ol	NLY		For Nonpartic <b>\$0.00</b>	ipating Cane	IIIdales ONL I		
B. Itemized Contributions from	m Ind	ividuala		30.00				
		lividuals			1.0	a state ma		
Last Name	First				MI	Contribution ID #		
Riemer	<i>a</i> :-	William			<i>a</i>	0001		
Residential Street Address	City	<b>F</b> auna in attain			State	Zip Code		
50 W District Rd		Farmington			СТ	06085		
Principal Occupation IT Director		Name of Employe						
		Is contributor a lo	y & Lewis		1	ant of Contribution		
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child o		Yes	Allio	ant of Contribution		
If yes, indicate which branch or branches of Executive Legislative				x <sub>No</sub>				
government the contract is with:	Date	Received	A garegate (	Contributions				
fundraising event listed in Section J1?	Date	Received	Aggregate	contributions				
X No Cash Personal Check	08/	14/2013		\$5.00		\$5.00		
If yes, list Event # Money Order Credit/Debit Card	00/	1,2015		45.00		\$5.00		
Last Name	First				MI	Contribution ID #		
Fahle Heath						0002		
Residential Street Address City					State	Zip Code		
90 Hog Hill Rd					ст	06424		
Principal Occupation		Name of Employe						
Deputy Director		Yanke	e Institute	e for Public Policy				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	obbyist, spous	se, or	Amo	unt of Contribution		
	0	dependent child o	f a lobbyist?	Yes				
If yes, indicate which branch or branches of government the contract is with:				x <sub>No</sub>				
Is this contribution associated with a fundration of the second s	Date	Received	Aggregate 0	Contributions	1			
If ves, list Event #	08/	14/2013		\$25.00		\$25.00		
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First				MI	Contribution ID #		
Monsky		Brooke				0003		
Residential Street Address	City				State	Zip Code		
12 Arden Ave		New Fairfield			СТ	06812		
Principal Occupation		Name of Employe	er					
Admin Asst.		Terex	Corporatio	on	-			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child o		se, or Ves	Amou	ant of Contribution		
If yes, indicate which branch or branches of government the contract is with:				x <sub>No</sub>				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate (	Contributions	1			
fundraising event listed in Section J1?								
If yes, list Event #	08/	14/2013		\$25.00		\$25.00		

					Page 4 of 45
I. MONETARY RECEIPT	'S (Se	ction A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	``	,	TYPE OF REPORT		
Explore Team Boughton			October 10 Filing - Original		
	<b>T</b> 1	• • • •			
B. Itemized Contributions from	m Ind	ividuals			
Last Name	First			MI	Contribution ID #
Palanzo		Roger			0004
Residential Street Address	City			State	Zip Code
45 Briarwood Dr		Danbury		СТ	06810
Principal Occupation		Name of Employ	er		
Assistant		City c	f Danbury		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or X Yes	Amou	int of Contribution
	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
No Cash Personal Check	08/1	4/2013	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	,				•
Last Name	First			MI	Contribution ID #
Young		Robert			0005
Residential Street Address	City			State	Zip Code
18 Golden Hill Rd		Danbury		СТ	06811
Principal Occupation	L	Name of Employ	er		00011
RETIRED		N/A			
			obbyist, spouse, or	A.m.ov	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac	Allot	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		-	x <sub>No</sub>		
government the contract is with:	D-4-1	Received			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
Cash Personal Check					
If yes, list Event # No Money Order X Credit/Debit Card	08/1	4/2013	\$100.00		\$100.00
Last Name	First	_		MI	Contribution ID #
Isabelle		Serge			0006
Residential Street Address	City			State	Zip Code
3 Westwood Dr .	L	Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
tree service provider		self			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child o	·		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a function associated with a function associated with a Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	08/1	4/2013	\$200.00		\$200.00
Last Name	First			MI	Contribution ID #
Wetmore		Andrew			0007
Residential Street Address	City			State	Zip Code
117 Great Plain Rd		Danbury		СТ	06811
Principal Occupation		Name of Employ	er	-	
Paralegal		Terbr	usch Law Firm		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
	0	dependent child of			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
No Cash Personal Check	08/1	4/2013	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card		.,2015	430.00		+0000

					Page 5 of 45
I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Explore Team Boughton			October 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	ii viuuais		MI	Contribution ID #
Walker	First	Ben		IVII	0008
Residential Street Address	City	Dell		State	Zip Code
77 Park Dr	City	Bridgeport		CT	06606
Principal Occupation		Name of Employ	/er		00000
School Teacher			of Greenwich - BoE		
			labbyist spouse or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Van		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
No Cash Personal Check	08/	14/2013	\$25.00		\$25.00
If yes, list Event # Money Order X Credit/Debit Card	,				
Last Name	First			MI	Contribution ID #
Conroy		James			0009
Residential Street Address	City			State	Zip Code
20 River Rd # 304		Pittsburgh		PA	15238
Principal Occupation		Name of Employ	/er		
Consultant		Self			
Is contributor a principal of a state contractor or prospective state contractor?	-	Is contributor a	lobbyist, spouse, or Yes	Amou	ant of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a for draining work listed in Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	08/	14/2013	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Faulkner		Chris			0010
Residential Street Address	City			State	Zip Code
722 Americana Way		Glendale		CA	91210
Principal Occupation		Name of Employ	/er		
consultant			on Communications		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent ennu v	x No		
government the contract is with:		D 1 1			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	0.00/	14/2012	¢25.00		¢25.00
If yes, list Event # Money Order X Credit/Debit Card	08/	14/2013	\$25.00		\$25.00
Leet News	Einet		•	MI	Contribution ID #
Last Name Voccola	First	Flices		MI	Contribution ID # 0011
Residential Street Address	City	Elissa		State	Zip Code
68 Philip Dr	City	Shelton		CT	06484
Principal Occupation		Name of Employ	10 <b>r</b>	СГ	00484
Executive Director			ecticut Republican Party		
				Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	7 mot	in or contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
No Cash Personal Check	08/	15/2013	\$25.00		\$25.00
If yes, list Event # Money Order X Credit/Debit Card		-,	+_0.00		,

					Page 6 of 45
I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Explore Team Boughton			October 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Cutsumpas		Theodore			0012
Residential Street Address	City			State	Zip Code
145 Dewey St	,	Bennington		VT	05201
Principal Occupation	L	Name of Employ	OF.		05201
			ci		
markets		self		i	
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent ennu (	·		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a for devices event listed in faction 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes list Event #	08/3	15/2013	\$375.00		\$375.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			МІ	Contribution ID #
Stevenson	1 11.51	laumo			0013
	0.4	Jayme		<i></i>	
Residential Street Address	City			State	Zip Code
65 St Nicholas Rd	L	Darien		СТ	06820
Principal Occupation		Name of Employ	er		
First Selectman		Town	of Darien		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			66 - 6		
X No Cash Personal Check	00/		¢275.00		427E 00
If yes, list Event # Money Order X Credit/Debit Card	08/.	15/2013	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Heck		Karen			0014
Residential Street Address	City			State	Zip Code
22 W Tract Rd		Cromwell		СТ	06416
Principal Occupation		Name of Employ	er		
Information Technology		Aetna	1		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with:	Dete	Received			
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	08/3	15/2013	\$50.00		\$50.00
					-
Last Name	First			MI	Contribution ID #
Kennerson		Alesia			0015
Residential Street Address	City			State	Zip Code
198 Gillette Rd		New Hartford	ł	ст	06057
Principal Occupation	- I	Name of Employ			
Tax Auditor			of Connecticut		
				<u> </u>	unt of Countrille si
Is contributor a principal of a state contractor or prospective state contractor?	0	ls contributor a dependent child	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		Lependent ennu v			
government the contract is with:			X No		
Is this contribution associated with a fundration around listed in Section 112 Yes	Date	Received	Aggregate Contributions		
	08/3	15/2013	\$75.00		\$75.00
If yes, list Event # Money Order X Credit/Debit Card	1			1	

					Page 7 of 45
L MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Explore Team Boughton			October 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Pearlman		Stephen			0016
Residential Street Address	City			State	Zip Code
14 Marion St		Danbury		СТ	06810
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	lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with: Legislative Legislative	Date	Received	Aggregate Contributions	•	
fundraising event listed in Section J1?	Bute		1661 egate controlations		
No Cash Personal Check	0.0/1		¢100.00		±100.00
If yes, list Event # Money Order X Credit/Debit Card	08/1	15/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Galasso		Marc			0017
Residential Street Address	City			State	Zip Code
361 Rimmon Hill Rd .		Beacon Falls		СТ	06403
Principal Occupation		Name of Employ	/er		
Engineer		Legra	ind		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
Yes Yes No	0	dependent child			
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?	Date	Received	Aggregate Controlutions		
Cash Personal Check					
If yes, list Event # No Money Order Credit/Debit Card	08/1	16/2013	\$100.00		\$100.00
				1	1
Last Name	First			MI	Contribution ID #
Foley		Richard			0018
Residential Street Address	City			State	Zip Code
42 Lake Avenue Ext PMB 310 .		Danbury		СТ	06811
Principal Occupation		Name of Employ	ver		
Consultant		Self			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			No No		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Dute	Received	Aggregate controlations		
X No Cash Personal Check	0.01	16/2012	±100.00		+100.00
If yes, list Event # Money Order X Credit/Debit Card	08/1	16/2013	\$100.00		\$100.00
					1
Last Name	First			MI	Contribution ID #
Shepperd		Pamela			0019
Residential Street Address	City			State	Zip Code
71 Forest Rd		Monroe		СТ	06484
Principal Occupation	T	Name of Employ	ver		
social worker		Hance	ock Hall		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions	ł	
fundraising event listed in Section J1?	Date	Receiveu	Aggregate Contributions		
X No Cash Personal Check		7/2012	+100.00		+100.00
If yes, list Event # No Money Order X Credit/Debit Card	1 08/1	17/2013	\$100.00		\$100.00

					Page 8 of 45
I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Explore Team Boughton			October 10 Filing - Original		
	<b>T</b> 1				
B. Itemized Contributions from	m Ind	ividuals			
Last Name	First			MI	Contribution ID #
Shepperd		Wayne			0020
Residential Street Address	City			State	Zip Code
180 Hawthorne Ave		Derby		СТ	06418
Principal Occupation		Name of Employ	rer		-
administration		City o	of Danbury		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	08/1	17/2013	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	00/1	.,2015	\$100.00		<b>\$100.00</b>
Last Name	First			MI	Contribution ID #
Shepperd	1 1150	Doris			0021
Residential Street Address	City	Dons		State	Zip Code
	City	Derby			1
180 Hawthorne Ave	L	Derby		СТ	06418
Principal Occupation		Name of Employ	er		
RETIRED		N/A		i .	
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	obbyist, spouse, or Yes	Amou	int 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 fundraising quart listed in Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	08/1	17/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Gracy		Bernard			0022
Residential Street Address	City			State	Zip Code
37 Murphy Ln		Southbury		СТ	06488
Principal Occupation		Name of Employ	rer		
VP Strategy and Business Development		Pitner	y Bowes		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution
	0	dependent child			
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		
X No Cash Personal Check	08/1	18/2013	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Lucchesi		Joseph			0023
Residential Street Address	City	seech		State	Zip Code
6 Regal Dr	eny	Danbury		СТ	06811
Principal Occupation	·	Name of Employ	70 <b>F</b>		00011
Accountant			WaterhouseCoopers	A	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		r			
government the contract is with:		<b>n</b> 1 <i>1</i>	i		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	08/1	19/2013	\$25.00		\$25.00

					Page 9 of 45
I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	ŕ	TYPE OF REPORT		
Explore Team Boughton			October 10 Filing - Original		
D. Itomized Contributions from	m Ind	lividuala			
B. Itemized Contributions from	-	liviuuais		1	
Last Name	First			MI	Contribution ID #
Valade		Raymond			0024
Residential Street Address	City			State	Zip Code
291 Oliver Way		Bloomfield		СТ	06002
Principal Occupation		Name of Employ	/er		
RETIRED		N/A		_	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	unt of Contribution
If was indicate which brough or broughes of	Ű	dependent child of	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No D	08/	19/2013	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Boughton		Phyllis			0025
Residential Street Address	City			State	Zip Code
23 Alan Ave	eny	Danhuny		СТ	06811
	L	Danbury		CI	00011
Principal Occupation		Name of Employ			
Kitchen Designer			ecticut Kitchen and Bath		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	lobbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent ennu (			
government the contract is with:			X No		
Is this contribution associated with a fundration a ware listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event # X No Cash Personal Check Money Order X Credit/Debit Card	08/	19/2013	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Bogusz		MaryAnn			0026
Residential Street Address	City			State	Zip Code
646 Howe Ave Unit 10		Shelton		СТ	06484
Principal Occupation		Name of Employ	/er	•	•
Customer Service Rep		none			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	lobbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	08/	20/2013	\$25.00		\$25.00
If yes, list Event # Money Order X Credit/Debit Card	00/	20/2015	\$25.00		\$25.00
Last Name	First			MI	Contributi ID #
Last Name	First	<b>—</b>		MI	Contribution ID #
Cicchese		Tim			0027
Residential Street Address	City			State	Zip Code
46 Powdermaker Dr	L	Ridgefield		СТ	06877
Principal Occupation		Name of Employ			
Owner			ier Graphics		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	unt of Contribution
		dependent child of	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
X No Cash Personal Check	08/2	21/2013	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	1			1	

					Page 10 of 45
I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	``	,	TYPE OF REPORT		
Explore Team Boughton			October 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Flanagan	Flist	Greg		IVII	0028
Residential Street Address	City	Gleg		State	Zip Code
2B Shortwoods Rd	City	New Fairfield	1	CT	06812
Principal Occupation	-	Name of Employ			00012
Executive Recruiter			ging Healthcare Partners		
			obbyist spouse or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes_list Event #	08/3	22/2013	\$125.00		\$75.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Sarmuk		Bill			0029
Residential Street Address	City			State	Zip Code
37 Breezy Hill Rd		Canton		СТ	06019
Principal Occupation		Name of Employ	er	-	•
Teacher		State	of ct		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If was indicate which branch or branches of the test of te	0	dependent child	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a for draining work listed in faction 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	08/3	22/2013	\$25.00		\$25.00
			ļ	L	
Last Name	First			MI	Contribution ID #
summ		randolph			0030
Residential Street Address	City			State	Zip Code
161 Brushy Hill Rd .		Danbury		СТ	06810
Principal Occupation		Name of Employ	er		
RETIRED		N/A		<del></del>	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	obbyist, spouse, or Second Sec	Amou	int of Contribution
If yes, indicate which branch or branches of accomment the contract is with:		*	x No		
government the contract is with:	Date	Received	Aggregate Contributions	ł	
fundraising event listed in Section J1?	Dute	Received	Aggregate contributions		
X No Cash Personal Check	08/3	22/2013	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card	00/		<b>400100</b>		450.00
Last Name	First			MI	Contribution ID #
Mozzicato		Maria			0031
Residential Street Address	City			State	Zip Code
PO Box 939	Ĵ	Avon		ст	06001
Principal Occupation		Name of Employ	er	L	
Mortgage Consultant		Norco	om Mortgage		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	unt of Contribution
	0	dependent child			
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Method of contribution	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	1				
If yes, list Event #	08/2	22/2013	\$100.00		\$100.00
in yes, ist Event # Credit/Debit Card	1			1	

					Page 11 of 45
I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Explore Team Boughton			October 10 Filing - Original		
B. Itemized Contributions from	m Ind	ividuals			
Last Name	First			MI	Contribution ID #
Wood	1 1150	Terrie			0032
Residential Street Address	City	Terrie		State	Zip Code
50 St Nicholas Rd	City	Darien		CT	06820
Principal Occupation	L	Name of Employ	er		00020
Legislator		1 2	of Connecticut		
			obbvist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of			
If yes, indicate which branch or branches of government the contract is with:			No		
In this contribution approxisted with a Mothed of contribution.	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
× No Cash Personal Check	08/2	23/2013	\$250.00		\$250.00
If yes, list Event # Money Order X Credit/Debit Card	,				
Last Name	First			MI	Contribution ID #
Anderson		James			0033
Residential Street Address	City			State	Zip Code
22 Chinmoy Ln		New Milford		СТ	06776
Principal Occupation		Name of Employ	er		
RETIRED		N/A			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a resolution with a resolution of the section of the sectio	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	08/2	23/2013	\$80.00		\$80.00
Last Name	First			MI	Contribution ID #
Mastrogiovanni		Bill			0034
Residential Street Address	City			State	Zip Code
64 Avonwood Rd # C7		Avon		СТ	06001
Principal Occupation		Name of Employ	er		
Attorney		Scully	v Nicksa & Reeve		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	int of Contribution
If was indicate which branch or branches of		dependent child of			
government the contract is with:			X No		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	08/2	24/2013	\$25.00		\$25.00
				1	1
Last Name	First			MI	Contribution ID #
Nurnberger		David			0035
Residential Street Address	City			State	Zip Code
230 Plumb Brook Rd	L	Woodbury		СТ	06798
Principal Occupation		Name of Employ	er		
RETIRED		N/A	11.1.		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		enden ennu (	× No		
government the contract is with:		D · 1			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	00/7	00/2012	±100.00		¢100.00
If yes, list Event # Money Order X Credit/Debit Card	08/2	28/2013	\$100.00		\$100.00

					Page 12 of 45
I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Explore Team Boughton			October 10 Filing - Original		
B. Itemized Contributions from	n Ind	ividuale			
Last Name	First			MI	Contribution ID #
	FIISt	mishaal		IVII	0036
calandrino Residential Street Address	City	michael		State	Zip Code
16 Lake Road Driftwood Pt	City	Danhuny		CT	06811
Principal Occupation		Danbury Name of Employ	TOP	CI	00011
RETIRED		N/A	CI .		
			lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	<b>)</b>	dependent child of	Vac	111100	
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	08/2	28/2013	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	00/2	10/2015	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Steiner		Solomon			0037
Residential Street Address	City			State	Zip Code
24 Old Wagon Rd		Mount Kisco		NY	10549
Principal Occupation		Name of Employ	/er		
CEO			phere		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or	Amou	int of Contribution
	)	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes list Event #	08/2	29/2013	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Bertram		Kathleen			0038
Residential Street Address	City			State	Zip Code
541 Skyline Ridge Rd		Bridgewater		СТ	06752
Principal Occupation		Name of Employ	/er		-
RETIRED		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	,		lobbyist, spouse, or Yes	Amou	int of Contribution
If you indicate which brough as broughes of	,	dependent child of			
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a function with a function with the function of the second seco	Date	Received	Aggregate Contributions		
If yes, list Event #	08/3	30/2013	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Bertram		Bert			0039
Residential Street Address	City			State	Zip Code
541 Skyline Ridge Rd		Bridgewater		СТ	06752
Principal Occupation		Name of Employ	/er		
RETIRED		N/A			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l dependent child of	lobbyist, spouse, or Yes	Amou	int of Contribution
		acpendent child (	of a foodylst?		
government the contract is with:			X No		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
Indicating event listed in Section 31?					1075.05
		30/2013	\$375.00	1	\$375.00

					Page 13 of 45
I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Explore Team Boughton			October 10 Filing - Original		
	T 1				
B. Itemized Contributions from	1	lividuals			1
Last Name	First			MI	Contribution ID #
Wise		Норе			0040
Residential Street Address	City			State	Zip Code
1 Keeler Close		Ridgefield		СТ	06877
Principal Occupation		Name of Employ	rer	-	-
Elections Administrator		Town	of Ridgefield		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	00/0	01/2013	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card	03/0	51/2015	\$30.00		\$50.00
Last Name	First			MI	Contribution ID #
	FIISt			IVII	
Charette		Megan			0041
Residential Street Address	City			State	Zip Code
15 Fenton Ave	L	Wolcott		СТ	06716
Principal Occupation		Name of Employ	rer		
Banker		Savin	gs Bank of Danbury	_	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If yog indigate which branch as branches of	° I	dependent child	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Ves	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	09/0	02/2013	\$25.00		\$25.00
If yes, list Event # Money Order X Credit/Debit Card	,	•	·		
Last Name	First			MI	Contribution ID #
Krippner		Ronald			0042
Residential Street Address	City	nonald		State	Zip Code
434 Pepperidge Tree Ln	City	Kinnelon		NJ	07405
Principal Occupation	<u> </u>	Name of Employ	704	115	07405
Urgent Care Center Owner		Self			
			obbyist, spouse, or	A.m.ov	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	Allou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative					
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	09/0	05/2013	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Yamin		Robert			0043
Residential Street Address	City			State	Zip Code
66 Barnum Rd		Danbury		СТ	06811
Principal Occupation		Name of Employ	rer		•
Attorney		Yamiı	n and Yamin LLP		
			obbvist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with: Legislauve Legislauve	Dete	Received	i		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check					+275 00
If yes, list Event # No Money Order X Credit/Debit Card	09/0	05/2013	\$375.00		\$375.00

					Page 14 of 45
I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	,	,	TYPE OF REPORT		
Explore Team Boughton			October 10 Filing - Original		
	-				
B. Itemized Contributions from	m Inc	lividuals			-
Last Name	First			MI	Contribution ID #
Oros		Joan			0044
Residential Street Address	City			State	Zip Code
1169 Flanders Rd		Coventry		СТ	06238
Principal Occupation	•	Name of Employ	er		•
RETIRED		N/A			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Data	Received			
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check					
If yes, list Event # No Money Order X Credit/Debit Card	09/	06/2013	\$50.00		\$50.00
			<b>I</b>	I	•
Last Name	First			MI	Contribution ID #
Healy		Christopher			0045
Residential Street Address	City			State	Zip Code
27 Dorchester Rd		Wethersfield		СТ	06109
Principal Occupation	-	Name of Employ	er		
Manager		Sumr	nit Financial		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	obbyist, spouse, or of a lobbyist? X Yes		
If yes, indicate which branch or branches of Executive Legislative			No		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Duite	Received	Aggregate controlations		
X No Cash Personal Check	0.00	10/2012	¢100.00		±100.00
If yes, list Event # Money Order X Credit/Debit Card	09/	18/2013	\$100.00		\$100.00
			•		0
Last Name	First	<b>_</b>		MI	Contribution ID #
Metrena		David			0046
Residential Street Address	City			State	Zip Code
24 Carriage House Dr		Danbury		СТ	06810
Principal Occupation		Name of Employ	er		
Executive		Vistal	_ab Technologies, Inc		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	09/	18/2013	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Ryan	1 11.51	Chris			0047
Residential Street Address	Citu	CIIIIS		Stata	
	City	Dealers		State	Zip Code
10 Dixon Rd	I	Danbury		СТ	06811
Principal Occupation		Name of Employ			
Firefighter		-	of Danbury		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
		dependent child	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fundation want list die Section 112 Yes	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?	1				
	09/	18/2013	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card	1			1	

					Page 15 of 45
I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	,	· · · · · · · · · · · · · · · · · · ·	TYPE OF REPORT		
Explore Team Boughton			October 10 Filing - Original		
· · · · · · · · · · · · · · · · · · ·	-				
B. Itemized Contributions fro	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Barath		Jeffrey			0048
Residential Street Address	City			State	Zip Code
11 Marianna Farm Dr		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
Pilot			d Airlines		
			obbyist spays or	Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac	Anot	ant of Contribution
If yes, indicate which branch or branches of		1	· –		
government the contract is with:					
Is this contribution associated with a fundamining quark listed in Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # Cash Personal Check Credit/Debit Card	09/3	19/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Acquanita		Frank			0049
Residential Street Address	City			State	Zip Code
7 Delno Dr		Danbury		СТ	06811
Principal Occupation		Name of Employ	er	0.	
RETIRED		N/A			
		-	-11	A	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Alliot	ant of Contribution
If yes, indicate which branch or branches of			· –		
government the contract is with:					
Is this contribution associated with a fundration a want listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	09/3	19/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Wilson Foley		Lisa			0050
Residential Street Address	City			State	Zip Code
76 Hartford Rd		Simsbury		СТ	06070
Principal Occupation	<u> </u>	Name of Employ	er		
Owner			r therapy		
			obbyist, spouse, or	Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac	Anot	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 fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event #	09/2	21/2013	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Downey		John			0051
Residential Street Address	City			State	Zip Code
3 Guardhouse Dr		Redding		СТ	06896
Principal Occupation	· · · ·	Name of Employ	er		•
Attorney			e McGuigan		
			obbyist spouse or	A	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac	Aniot	
If yes, indicate which branch or branches of			X No		
government the contract is with:					
Is this contribution associated with a fundamining source listed in Scating 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	1				
If yes, list Event # Cash Personal Check Credit/Debit Card	09/3	22/2013	\$375.00		\$375.00
	1		1	1	

					Page 16 of 45
I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Explore Team Boughton			October 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			МІ	Contribution ID #
Casasanta	1 1.50	Meg			0052
Residential Street Address	City	neg		State	Zip Code
217 Whitewood Dr		Rocky Hill		СТ	06067
Principal Occupation	· · · ·	Name of Employ	er		
Medical Secretary			nen Calderon, MD		
			abbuist spause or	Amou	int of Contribution
	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
	Date	Received	Aggregate Contributions	•	
fundraising event listed in Section J1?					
X No Cash Personal Check	09/2	22/2013	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card	,				
Last Name	First			MI	Contribution ID #
Casasanta		Michael			0053
Residential Street Address	City			State	Zip Code
217 Whitewood Dr		Rocky Hill		ст	06067
Principal Occupation	-	Name of Employ	rer		
СРА		Self			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution
	0	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Method of contribution	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	09/2	22/2013	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Miller		Robert			0054
Residential Street Address	City			State	Zip Code
22 Wintergreen Hl		Danbury		СТ	06811
Principal Occupation	-	Name of Employ	rer		
Business Development		EMD	Chemicals		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution
	0	dependent child of	of a lobbyist? Yes		
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 J1?					
	09/2	23/2013	\$100.00		\$100.00
If yes, list Event # L Money Order L Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Nimons		William			0055
Residential Street Address	City			State	Zip Code
85 Pulaski Hwy		Ansonia		СТ	06401
Principal Occupation		Name of Employ	er		
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution
	U	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
	09/2	23/2013	\$100.00		\$100.00
If yes, list Event # Money Order L Credit/Debit Card	1			1	

					Page 17 of 45
I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Explore Team Boughton			October 10 Filing - Original		
	T 1				
B. Itemized Contributions from	1	lividuals		1	1
Last Name	First			MI	Contribution ID #
Flanagan		Greg			0056
Residential Street Address	City			State	Zip Code
2B Shortwoods Rd		New Fairfield	1	СТ	06812
Principal Occupation		Name of Employ	rer	-	-
Executive Recruiter		Emer	ging Healthcare Partners		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	unt of Contribution
	0	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
X No Cash Personal Check	09/3	23/2013	\$125.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card	03/2	25/2015	\$125.00		\$50.00
Last Name	First		-	МІ	Contribution ID #
	FIISt			INII	
Godfrey		Mildred			0057
Residential Street Address	City			State	Zip Code
132 Main St # 206	L	Danbury		СТ	06810
Principal Occupation		Name of Employ	er		
RETIRED		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	unt of Contribution
If yog indigate which branch or branches of	0	dependent child	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Ves	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
X No Cash Personal Check	09/2	23/2013	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	, i	•			
Last Name	First			MI	Contribution ID #
Waltzer		Donna			0058
Residential Street Address	City	Donna		State	Zip Code
	City	Daphury		CT	06810
34 Taagan Point Rd	<u> </u>	Danbury		CI	00010
Principal Occupation		Name of Employ			
Registered Nurse			ury Hospital		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child (	· ·		
government the contract is with:			X No		
Is this contribution associated with a for draining super listed in facting 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	09/2	24/2013	\$25.00		\$25.00
ii yes, ist Event #					
Last Name	First			MI	Contribution ID #
Houser		Mary-Ann			0059
Residential Street Address	City			State	Zip Code
13 High View Cir		Danbury		ст	06811
Principal Occupation	<del>ا ا</del>	Name of Employ	er		
Director of Faith Formation			regory the Great Church		
				A	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	ls contributor a dependent child	obbyist, spouse, or Second Sec	Amou	an of Contribution
If yes, indicate which branch or branches of Executive Legislative			·		
government the contract is with:			X No		
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	09/2	24/2013	\$50.00		\$50.00
intervention in the second best card	1		1	1	

					Page 18 of 45
I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT		
Explore Team Boughton			October 10 Filing - Original		
· · · · · · · · · · · · · · · · · · ·					
B. Itemized Contributions from	m Ind	lividuals			-
Last Name	First			MI	Contribution ID #
Yamin		Dianne			0060
Residential Street Address	City			State	Zip Code
66 Barnum Rd		Danbury		ст	06811
Principal Occupation	-	Name of Employ	er		
Judge			of CT		
			-11	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac	Anot	in or contribution
If yes, indicate which branch or branches of					
government the contract is with:	1				
Is this contribution associated with a fundration over listed in Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	09/2	24/2013	\$375.00		\$375.00
in yes, list Event #					
Last Name	First			MI	Contribution ID #
Burguiere		Rosemarie			0061
Residential Street Address	City			State	Zip Code
3 Linda Dr		Danbury		СТ	06811
Principal Occupation	L	Name of Employ	704		00011
			ci (		
RETIRED		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	lobbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent ennu (			
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fundamining struct listed in Section 112 Yes	Date	Received	Aggregate Contributions		
tundraising event listed in Section J1?					
	09/2	24/2013	\$10.00		\$10.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Pereira		Larry			0062
Residential Street Address	City			State	Zip Code
11 Brookfield Mdws		Brookfield		СТ	06804
	<u> </u>	Name of Employ	70H		00004
Principal Occupation					
Attorney			r Law Firm, P.C.		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent ennu (			
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fundation of the section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
	09/2	24/2013	\$200.00		\$200.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Larson		Catherine			0063
Residential Street Address	City	catherine		State	Zip Code
	City	Sandy Hook		СТ	-
36 Valley Field Rd S	I	Sandy Hook	70F		06482
Principal Occupation		Name of Employ			
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
		dependent child of	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	]	
tundraising event listed in Section J1?					
X No Cash Personal Check	09/2	26/2013	\$75.00		\$75.00
If yes, list Event # Money Order X Credit/Debit Card	· ۱		· ·	1	

					Page 19 of 45
I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT		
Explore Team Boughton			October 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuale			
Last Name	First	liviuuais		MI	Contribution ID #
Page	FIISt	Tracey		IVII	0064
Residential Street Address	City	Hatey		State	Zip Code
39 Hop Brook Rd Unit 3	City	Brookfield		CT	06804
Principal Occupation		Name of Employ	/er		00004
Inventory Auditor			o Wholesale		
		Is contributor a	lobbyist, spouse, or	Amou	unt of Contribution
	o	dependent child	Van		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes_list Event #	09/3	26/2013	\$50.00		\$25.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Page		Tracey			0065
Residential Street Address	City			State	Zip Code
39 Hop Brook Rd Unit 3		Brookfield		СТ	06804
Principal Occupation		Name of Employ	ver		
Inventory Auditor		Costo	o Wholesale	-	
Is contributor a principal of a state contractor or prospective state contractor?	D		lobbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child			
government the contract is with:			X No		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check		/			
If yes, list Event # Money Order X Credit/Debit Card	09/	26/2013	\$50.00		\$25.00
Last Name	First		•	мі	Contribution ID #
Crucitti	FIISt	Thomas		IVII	0066
Residential Street Address	City	momas		State	Zip Code
47 Atwood Rd .	City	Woodbury		CT	06798
Principal Occupation	<u> </u>	Name of Employ	/er	01	00790
Owner			ays Tavern & Terrace		
			lobbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a for device event list d in Section 112 Yes	Date	Received	Aggregate Contributions	1	
If yes, list Event #	09/3	26/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Galasso		Francis			0067
Residential Street Address	City			State	Zip Code
29 Alexander Dr		West Haven		СТ	06516
Principal Occupation		Name of Employ	/er		
RETIRED		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		acpendent child (			
government the contract is with:	1 -		i	-	
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check		26/2012	*100.00		¢100.00
If yes, list Event # No Money Order X Credit/Debit Card	09/3	26/2013	\$100.00		\$100.00

					Page 20 of 45
I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	ŕ	TYPE OF REPORT		
Explore Team Boughton			October 10 Filing - Original		
D. Itomized Contributions from	m Ind	lividuala			
B. Itemized Contributions from	-	liviuuais		1	
Last Name	First			MI	Contribution ID #
Wetmore		Gregory			0068
Residential Street Address	City			State	Zip Code
117 Great Plain Rd		Danbury		СТ	06811
Principal Occupation		Name of Employ	ver		
Manager		AT&T		_	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions		
X No Cash Personal Check	09/3	26/2013	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card		-			
Last Name	First			MI	Contribution ID #
Seabury		Gregg			0069
Residential Street Address	City			State	Zip Code
40 Moody Ln		Danbury		СТ	06811
Principal Occupation	I	Name of Employ	10t		00011
RETIRED		N/A	latitude	A	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	lobbyist, spouse, or of a lobbyist? Yes	Amot	int 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?	Date	Received	Aggregate Contributions		
If yes, list Event #	09/3	26/2013	\$375.00		\$375.00
					•
Last Name	First			MI	Contribution ID #
Alosco-Werner		Virginia			0070
Residential Street Address	City			State	Zip Code
9 Bernlou Dr		Danbury		СТ	06811
Principal Occupation		Name of Employ	/er		
Human Resources		City c	of Danbury		
Is contributor a principal of a state contractor or prospective state contractor?	-	Is contributor a l	lobbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
X No Cash Personal Check	09/3	27/2013	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	,	•			
Last Name	First			MI	Contribution ID #
Cavo	1 11.51	Joseph			0071
Residential Street Address	City	Joseph		State	
	City	Danhum			Zip Code
2 Candlewood Dr .	I	Danbury		СТ	06811
Principal Occupation		Name of Employ			
Mechanic			of Danbury		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant of Contribution
		dependent child of	of a foodyist?		
government the contract is with:			X No		
Is this contribution associated with a fundamining source lists d in Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	09/	27/2013	\$100.00		\$100.00
	1		1	1	

					Page 21 of 45
I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Explore Team Boughton			October 10 Filing - Original		
	T				
B. Itemized Contributions from	-	lividuals		1	1
Last Name	First			MI	Contribution ID #
Wagner		Laurence			0072
Residential Street Address	City			State	Zip Code
90 Transylvania Rd		Roxbury		СТ	06783
Principal Occupation	-	Name of Employ	/er	-	-
Consultant		l Wag	ner &Associates inc		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
X No Cash Personal Check	09/	27/2013	\$75.00		\$75.00
If yes, list Event # Money Order K Credit/Debit Card	0.57	27/2015	φ/3.00		\$75.00
Last Name	First			MI	Contribution ID #
	Filst	Maula		IVII	
Cammisa		Mark		~	0073
Residential Street Address	City			State	Zip Code
21 Aunt Hack Rd		Danbury		СТ	06811
Principal Occupation		Name of Employ	/er		
CFO		Stam	ford Tent & Event Services	-	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of	0	dependent child	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
X No Cash Personal Check	09/	27/2013	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	,				
Last Name	First			MI	Contribution ID #
Mable	THSt	Timothy			0074
Residential Street Address	City	Timotity		Ctoto	
	City			State	Zip Code
38 Durant Ave		Bethel		СТ	06801
Principal Occupation		Name of Employ	/er		
RETIRED		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or X Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	-	dependent child			
government the contract is with:			No		
Is this contribution associated with a fundamental sector with a funda	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
	09/	27/2013	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Nash		Ronald			0075
Residential Street Address	City			State	Zip Code
59 Hammock Rd .	City	Clinton		CT	06413
Principal Occupation	I	Name of Employ	10 <b>1</b>		1 30413
pres.			r Controls inc		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		acpendent child			
government the contract is with:			X No	]	
Is this contribution associated with a for devicing event listed in Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	1				
	09/	27/2013	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card	1		1	1	

					Page 22 of 45
I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		ŕ	TYPE OF REPORT		
Explore Team Boughton			October 10 Filing - Original		
D. Itomized Contributions from	n Ind	lividuala			
B. Itemized Contributions from		lividuals		1	1
Last Name	First			MI	Contribution ID #
Bingham		Ryan			0076
Residential Street Address	City			State	Zip Code
360 Upper Valley Rd		Torrington		СТ	06790
Principal Occupation		Name of Employ	er		
Mayor		City c	of Torrington		
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution
	5	dependent child of	of a fobbyist?		
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 J1?					
X No Cash Personal Check	09/3	27/2013	\$100.00		\$100.00
If yes, list Event # Money Order K Credit/Debit Card	05/1	2772013	<i>\</i>		\$100.00
Last Name	First			MI	Contribution ID #
	Filst	Dennia		NII .	
Macauley	<i>a</i> :-	Dennis		<b>a</b>	0077
Residential Street Address	City			State	Zip Code
59 Judith Dr		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
RETIRED		N/A		-	
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution
If yog indigate which branch as branches of	5	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
X No Cash Personal Check	09/3	27/2013	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card			+		+
Last Name	First			МІ	Contribution ID #
	1 1130	Dean		NII .	0078
Esposito	<i>C</i> ''	Deall		<i></i>	
Residential Street Address	City			State	Zip Code
1 Carlins Way		Brookfield		СТ	06804
Principal Occupation		Name of Employ			
Sealer of Weights & Measures		City C	)f Danbury		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yas indicate which branch or branches of		dependent child of			
government the contract is with:			X No		
Is this contribution associated with a for device super listed in Section 112 Yes	Date	Received	Aggregate Contributions		
	09/2	27/2013	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Dabney		Emily			0079
Residential Street Address	City	,		State	Zip Code
7 Heffion Farm Rd		Old Lyme		СТ	06371
Principal Occupation	L	Name of Employ	or		005/1
			u		
PhD student		none	-11		ant of Court 1 1
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		acpendent child (			
government the contract is with:			X <sub>No</sub>		
Is this contribution associated with a fundration growth listed in Section 112 Yes	Date	Received	Aggregate Contributions		
	09/2	27/2013	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	I I			1	

					Page 23 of 45
I. MONETARY RECEIPT	`S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	,	,	TYPE OF REPORT		
Explore Team Boughton			October 10 Filing - Original		
B. Itemized Contributions fro	m Ind	lividuals			
Last Name	First	liviuuais		MI	Contribution ID #
Oliveira	Flist	Christopher		IVII	0080
Residential Street Address	City	Christopher		State	Zip Code
7 Hefflon Farm Rd	City	Old Lyme		CT	06371
Principal Occupation		Name of Employ	er		003/1
Attorney		Self			
			obbyist, spouse, or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes list Event # No Cash Personal Check	09/2	27/2013	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Cheeseman		Holly			0081
Residential Street Address	City			State	Zip Code
16 Mitchell Dr		Niantic		СТ	06357
Principal Occupation		Name of Employ	er	-	•
RETIRED		N/A			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution
If was indicate which brough or broughes of	0	dependent child of	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fundamining source listed in Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # Cash Personal Check Money Order Cash Credit/Debit Card	09/2	27/2013	\$200.00		\$200.00
			ļ		1
Last Name	First			MI	Contribution ID #
David		Cynthia			0082
Residential Street Address	City	_		State	Zip Code
52 N Main St		Essex		СТ	06426
Principal Occupation		Name of Employ			
Sales		,	nia David & Associates, LLC		ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	obbyist, spouse, or Second Sec	Amou	int 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?	Duite	Received	Aggregate contributions		
X No Cash Personal Check	09/3	27/2013	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card	0.57		<b>400100</b>		400.00
Last Name	First			MI	Contribution ID #
Michael		Gary			0083
Residential Street Address	City	/		State	Zip Code
52 Deer Hill Ave		Danbury		ст	06810
Principal Occupation		Name of Employ	er		
developer		Self			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	lobbyist, spouse, or	Amou	ant of Contribution
	0	dependent child of			
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
Tundraising event listed in Section J1?					
If yes_list Event # No Cash Personal Check	09/2	27/2013	\$375.00		\$375.00
If yes, list Event # Money Order X Credit/Debit Card	1			1	

					Page 24 of 45
I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	ŕ	TYPE OF REPORT		
Explore Team Boughton			October 10 Filing - Original		
D. Itomized Contributions from	m Ind	lividuala			
B. Itemized Contributions from	-	liviuuais		1	
Last Name	First			MI	Contribution ID #
Kovacs		Roger			0084
Residential Street Address	City			State	Zip Code
863 Berkley St		Boca Raton		FL	33487
Principal Occupation		Name of Employ	ver		
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or Yes	Amou	ant of Contribution
If you indicate which been show here a feature of the second	0	dependent child of	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
	09/2	28/2013	\$375.00		\$375.00
If yes, list Event # Money Order Credit/Debit Card		-			
Last Name	First			MI	Contribution ID #
Doran		Mary Ann			0085
Residential Street Address	City	riary / ani		State	Zip Code
7 Prince St	City	Daphury		CT	06810
Principal Occupation	L	Danbury Name of Employ	104	CI	00010
Information Requested			mation Requested	<del></del>	
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	lobbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent ennu (	· · ·		
government the contract is with:			· · · · · · · · · · · · · · · · · · ·		
Is this contribution associated with a fundration a ware listed in Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # No Cash Personal Check Money Order Credit/Debit Card	09/2	28/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Prunty		Peter			0086
Residential Street Address	City			State	Zip Code
4 Marc Rd		Danbury		СТ	06810
Principal Occupation		Name of Employ	/er		
Community Services Coordinator		City c	of Danbury		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	lobbyist, spouse, or	Amou	unt of Contribution
	0	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
In this contribution associated with a Mothed of contribution	Date	Received	Aggregate Contributions	•	
fundraising event listed in Section J1?					
X No Cash Personal Check	09/3	28/2013	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	0.5/1	2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
	FIISt	Dahaut		NII .	
Burger	<i>a</i> :-	Robert		<b>a</b>	0087
Residential Street Address	City			State	Zip Code
15 Heritage Dr	<u> </u>	Danbury		СТ	06811
Principal Occupation		Name of Employ			
Consultant		RMBA		ı — — —	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant of Contribution
		dependent child of	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fundation want list due Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?	1				
	09/2	28/2013	\$300.00		\$300.00
If yes, list Event # Money Order X Credit/Debit Card	1		1	1	

					Page 25 of 45
I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	,	,	TYPE OF REPORT		
Explore Team Boughton	October 10 Filing - Original				
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First	liviuuais		MI	Contribution ID #
Hawley	FIISt	David		IVII	0088
Residential Street Address	City	Daviu		State	Zip Code
220 Old Turnpike Rd E	City	Bridgewater		CT	06752
Principal Occupation		Name of Employ	er		00752
real estate management			ey Management Company		
			abbuist spause or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes_list Event #	09/2	29/2013	\$75.00		\$75.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Chuvala		Robert			0089
Residential Street Address	City			State	Zip Code
5 Jefferson Ave		Danbury		СТ	06810
Principal Occupation		Name of Employ	er		
RETIRED		N/A		-	
Is contributor a principal of a state contractor or prospective state contractor?	D		obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child			
government the contract is with:			X No		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check		/			
If yes, list Event # Money Order X Credit/Debit Card	09/2	29/2013	\$100.00		\$100.00
Last Name	First		•	МІ	Contribution ID #
Totten	FIISt	William		IVII	0090
Residential Street Address	City	winiam		State	Zip Code
6 High Field Dr	City	Danbury		CT	06811
Principal Occupation	<u> </u>	Name of Employ	rer		00011
Sales		Infog			
		-	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child	obbyist, spouse, or of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event #	09/2	29/2013	\$100.00		\$100.00
in yes, list Event #					
Last Name	First			MI	Contribution ID #
mcintosh		ralph			0091
Residential Street Address	City			State	Zip Code
75 Flat Swamp Rd		Newtown		СТ	06470
Principal Occupation		Name of Employ	rer		
President			on Precision Inc		
Is contributor a principal of a state contractor or prospective state contractor?	D	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		acpendent child (			
government the contract is with:			i		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	00.0	20/2012	*100.00		¢100.00
If yes, list Event # No Money Order X Credit/Debit Card	09/3	30/2013	\$100.00		\$100.00

					Page 26 of 45
I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Explore Team Boughton			October 10 Filing - Original		
	<b>T</b> 1				
B. Itemized Contributions from	m Ind	ividuals			•
Last Name	First			MI	Contribution ID #
Boughton		Mark			0092
Residential Street Address	City			State	Zip Code
155 Deer Hill Ave .		Danbury		СТ	06810
Principal Occupation		Name of Employ	/er	-	•
Mayor		City o	of Danbury		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	lobbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
No Cash Personal Check	09/3	30/2013	\$375.00		\$375.00
If yes, list Event # Money Order X Credit/Debit Card			+		
Last Name	First			MI	Contribution ID #
Moore		Donna			0093
Residential Street Address	City	Donna		State	Zip Code
37 Joes Hill Rd .	City	Daphury		CT	06811
Principal Occupation	l	Danbury Name of Employ	104	CI	00011
RETIRED			Employeed		
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	lobbyist, spouse, or Second Alpha Second Alpha Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			· —		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	09/3	30/2013	\$100.00		\$100.00
					•
Last Name	First			MI	Contribution ID #
Moore		Loralynn			0094
Residential Street Address	City			State	Zip Code
37 Joes Hill Rd .		Danbury		СТ	06811
Principal Occupation		Name of Employ	/er		
Waitress		Chuck	ks Steak House Danbury CT	-	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	unt of Contribution
If yes indicate which branch or branches of	0	dependent child of			
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a for draining work listed in faction 112 Yes	Date 1	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
	09/3	30/2013	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Moore		Julianne			0095
Residential Street Address	City			State	Zip Code
37 Joes Hill Rd .		Danbury		СТ	06811
Principal Occupation	· 1	Name of Employ	/er		
Temporary worker			of Danbury		
			labbruist spouse or	Amo	unt of Contribution
			of a lobbyist? Yes	2 41100	
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child (			
If yes, indicate which branch or branches of Executive Legislative	0	dependent child (	X No		
If yes, indicate which branch or branches of government the contract is with:		_	X No		
If yes, indicate which branch or branches of Executive Legislative		Received	X No		
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a Method of contribution:	Date	_	1		\$100.00

					Page 27 of 45
I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Explore Team Boughton	October 10 Filing - Original				
	<b>T</b>				
B. Itemized Contributions from	-	lividuals		1	1
Last Name	First			MI	Contribution ID #
Nelson		Robert			0096
Residential Street Address	City			State	Zip Code
4 Kendall Ln		Niantic		СТ	06357
Principal Occupation		Name of Employ	rer		
RETIRED		N/A		-	
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution
If was indicate which branch or branches of	,	dependent child			
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes list Event #	09/3	30/2013	\$25.00		\$25.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Muthersbaugh		Jeffry			0097
Residential Street Address	City	,		State	Zip Code
54 Milwaukee Ave		Bethel		СТ	06801
Principal Occupation		Name of Employ	rer	0.	00001
Executive Recruiter			age Recruiting Group, LLC		
			obbyist spouse or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	111100	
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check			1075.00		1075 00
If yes, list Event # Money Order X Credit/Debit Card	09/.	30/2013	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
HARRINGTON		GEOFF			0098
Residential Street Address	City			State	Zip Code
24 Langstroth Dr		Ridgefield		СТ	06877
Principal Occupation		Name of Employ	rer		
Real estate sales		Neum	nann Real Estate		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of the transfer of t	-	dependent child			
government the contract is with:			X No		
Is this contribution associated with a fundration around listed in Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
	09/3	30/2013	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Mannion		Arthur			0099
Residential Street Address	City			State	Zip Code
132 Main St		Danbury		СТ	06810
Principal Occupation		Name of Employ	er		
Lawyer			annion Law Office LLC		
				Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	b	dependent child	Vac	7 11100	
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Dat-	Received	i		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check		20/2012	+DE 00		43E 00
If yes, list Event # Money Order X Credit/Debit Card	09/.	30/2013	\$25.00		\$25.00

					Page 28 of 45
I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT		
Explore Team Boughton	October 10 Filing - Original				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	liviuuais		MI	Contribution ID #
Richter	FIISt	Diane		IVII	0100
Residential Street Address	City	Dialle		State	Zip Code
16 Saugatuck Ridge Rd	City	Danbury		CT	06810
Principal Occupation		Name of Employ	er		00010
RETIRED		N/A			
			obbyist, spouse, or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes_list Event #	09/3	30/2013	\$200.00		\$200.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Richter		Russell			0101
Residential Street Address	City			State	Zip Code
16 Saugatuck Ridge Rd		Danbury		СТ	06810
Principal Occupation		Name of Employ	er		
CEO/President		GAR	Electroforming Inc.	-	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child	·		
government the contract is with:	_		X No		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
Initializing event listed in Section 51:       Image: Section 51:					
If yes, list Event # Money Order X Credit/Debit Card	09/3	30/2013	\$200.00		\$200.00
	First			мі	
Last Name Oliveira	FIISt	Frank		MI	Contribution ID # 0102
Residential Street Address	City	FIGIIK		State	Zip Code
7 Heffion Farm Rd	City	Old Lyme		CT	06371
Principal Occupation	I	Name of Employ	er		003/1
RETIRED		N/A	-		
			obbyist, spouse, or	Amou	ant of Contribution
Yes X No	0	dependent child	Vac		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
	09/3	30/2013	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
lebeau		keith			0103
Residential Street Address	City			State	Zip Code
46 Southridge Rd		Southbury		СТ	06488
Principal Occupation		Name of Employ	rer		
software		qscer	nd tech		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child			
government the contract is with:			X No		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
					1175.00
If yes, list Event #	09/3	30/2013	\$175.00		\$175.00

					Page 29 of 45
I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Explore Team Boughton			October 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuala			
		lividuals		-	
Last Name	First			MI	Contribution ID #
connors		mark			0104
Residential Street Address	City			State	Zip Code
531 Lydall St		Manchester		СТ	06042
Principal Occupation		Name of Employ	rer		
sales		leese	flooring		
Is contributor a principal of a state contractor or prospective state contractor?	io	Is contributor a dependent child	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a restrict the force of the test of t	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	09/3	30/2013	\$75.00		\$75.00
	- -		•		0.11.5
Last Name	First			MI	Contribution ID #
Pruneau		Peter			0105
Residential Street Address	City			State	Zip Code
13 Sharon Ct		Bethel		СТ	06801
Principal Occupation		Name of Employ	rer		
truck driver		city o	f danbury		
Is contributor a principal of a state contractor or prospective state contractor?	io.		obbyist, spouse, or Yes	Amou	ant of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes, list Event #	09/3	30/2013	\$75.00		\$75.00
	1			1	1
Last Name	First			MI	Contribution ID #
Boughton		Nancy			0106
Residential Street Address	City			State	Zip Code
1705 Ebbetts Dr		Campbell		CA	95008
Principal Occupation		Name of Employ	rer		
Lawyer		Varia	n Medical		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or Yes	Amou	ant of Contribution
	0	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	09/3	30/2013	\$375.00		\$375.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Moore		Nelson			0107
Residential Street Address	City	Heison		State	Zip Code
37 Joes Hill Rd	City	Daphury		CT	06811
	· · ·	Danbury		CI	00011
Principal Occupation		Name of Employ			
Contractor		Self			
Is contributor a principal of a state contractor or prospective state contractor?	ю	Is contributor a dependent child	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		acpendent child (			
government the contract is with:			X <sub>No</sub>		
Is this contribution associated with a fundamining super listed in Section 112 Yes	Date	Received	Aggregate Contributions		
tundraising event listed in Section J1?	1				
If yes, list Event #	09/3	30/2013	\$100.00		\$100.00
	1		1	1	

					Page 30 of 45
I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Explore Team Boughton	October 10 Filing - Original				
B. Itemized Contributions from	m Ind	ividuala			
	1	ividuals		1	
Last Name	First	_		MI	Contribution ID #
Hopper		James			0108
Residential Street Address	City			State	Zip Code
13 Grove Pl	L	Danbury		СТ	06810
Principal Occupation		Name of Employ	er		
RETIRED		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		acpendent enna (	· –		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	09/3	30/2013	\$100.00		\$100.00
	L				-
Last Name	First			MI	Contribution ID #
Bysko		John			0109
Residential Street Address	City			State	Zip Code
4 Lantern Ln		Old Lyme		СТ	06371
Principal Occupation		Name of Employ	er		
CPA/Investment Advisor		John	A. Bysko Associates		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child	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		
fundraising event listed in Section J1?					
X No Cash Personal Check	09/3	30/2013	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Bolinsky		Mitchell			0110
Residential Street Address	City			State	Zip Code
3 Wiley Ln		Newtown		СТ	06470
Principal Occupation	<u> </u>	Name of Employ	er		00170
Legislator			of Connecticut		
			obbyist, spouse, or	Amo	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	7 11100	and of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with: Executive Elegislative Legislative	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	0.01	0/2012	¢50.00		¢50.00
If yes, list Event # Money Order X Credit/Debit Card	09/3	30/2013	\$50.00		\$50.00
Last Name	First	_		MI	Contribution ID #
Natale		Jean			0111
Residential Street Address	City			State	Zip Code
61 Padanaram Rd	L	Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
				I	
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child			
government the contract is with:			X No		
Is this contribution associated with a fundamining struct listed in Section 112 Yes	Date	Received	Aggregate Contributions		
	1				
If yes, list Event #	09/3	30/2013	\$100.00		\$100.00

					Page 31 of 45
I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Explore Team Boughton			October 10 Filing - Original		
D. Henring d. Contributions for		K			
B. Itemized Contributions from	m Ind	lividuals		1	1
Last Name	First			MI	Contribution ID #
Scozzafava		Joseph			0112
Residential Street Address	City			State	Zip Code
68 Driftway Rd		Danbury		СТ	06811
Principal Occupation	-	Name of Employ	/er	-	
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check					
If yes, list Event # Money Order Credit/Debit Card	09/.	30/2013	\$100.00		\$100.00
	-		1		
Last Name	First			MI	Contribution ID #
Pinter		Andrew			0113
Residential Street Address	City			State	Zip Code
40 Hut Hill Rd		Bridgewater		СТ	06752
Principal Occupation		Name of Employ	ver	•	
Electrician		AMP I	Electric		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
Yes X N	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Mathed of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	00/	20/2012	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	09/.	30/2013	\$100.00		\$100.00
			•		
Last Name	First	<b>.</b> .		MI	Contribution ID #
Pinter		Denise			0114
Residential Street Address	City			State	Zip Code
40 Hut Hill Rd		Bridgewater		СТ	06752
Principal Occupation		Name of Employ	/er		
Assessor		Town	of Bridgewater		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If yas indicate which branch or branches of	0	dependent child	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
	09/3	30/2013	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Fetzer		Beth Ann			0115
Residential Street Address	City	Detiriyani		State	Zip Code
5 Old Bethel Rd	City	Newtown		CT	-
	I		108		06470
Principal Occupation		Name of Employ			
Banking			igs Bank of Danbury		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	int of Contribution
		dependent child			
government the contract is with:			x <sub>No</sub>	]	
Is this contribution associated with a for decision want lists due Section 112 Yes	Date	Received	Aggregate Contributions		
tundraising event listed in Section J1?	1				
	09/3	30/2013	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	1			1	

								Page 32 of 45
I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as 1			-	,	TYPE OF	FREPORT		
Explore Team Boughton					October 10 Filin	ng - Original		
B. Itemized Contributions from Individuals								
	temized	a Contributions fr	-				1	1
Last Name			First				MI	Contribution ID #
Soderstrom				Joan				0116
Residential Street Address			City				State	Zip Code
12 Lawncrest Rd				Danbury			СТ	06810
Principal Occupation				Name of Employ	er			
Receptionist				City o	f Danbury			
Is contributor a principal of a state contractor or prospective state contractor	?	Yes X	No		obbyist, spouse, or	Yes	Amo	ount of Contribution
If yes, indicate which branch or branches of	_		110	dependent child o	of a lobbyist?			
government the contract is with:		Legislative				X No		
N	f contribution	on:	Date	Received	Aggregate Contribu	itions		
fundraising event listed in Section 31?		X Personal Check						
X No	ey Order	Credit/Debit Card	09/	30/2013	\$1	100.00		\$100.00
If yes, list Event #	ey Order							
						Total of S	Section B	\$14,545.00
TOTAL OF ALL CONTRIBUTIONS FROM IND	DIVIDUA	ALS (See	ctions A	(Tot	tal on Line 14 of Si	ummary Page)		\$14,545.00
I. 1	MONE	TARY RECEIP	TS (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as R	egistered	l with Commission)				TYPI	E OF REP	ORT
Explore Team Boughton						October 10 F	iling - Origir	nal
Explore reall Boughton								
C1. Co	ontribut	ions from Other (	Commi	ttees				
Name of Committee				Name of Treasure	er			
Address				•				
				bution associated w		Yes	No A	mount of Contribution
		h	ndraisin	g event listed in Sec	tion J1?			
		<u> </u>	-	If yes, list Event #	¥ _			
City	State	Zip Code	Date R	eceived	Aggregate Contri	ibutions		
					-	Lotal of Sa-4	ion C1	
						<b>Fotal of Secti</b>	on CI	

					Page 33 of 45			
I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE				TYPE OF REPORT				
Explore Team Boughton October 10 Filing - Original								
C2. Reimbursements, Payments, or Surplus Distributions from other Committees								
Name of Committee			Name of Treasurer					
Address				Date Received	Amount of Receipt			
	_	_						
City	State	Zip Code	Reimbursement for s	shared expense				
			Payment for goods a	nd services				
Total of Section C2								

I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE				TYPE (	OF REPORT		
Explore Team Boughton					iling - Original		
D. Loans Received t	his Peri	od					
Name of Lender		Source of Loan: Bank	Candidate	Individua	l Other	Date of Receipt	
Street Address	City			State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (if applicable)	•				-	Amount Received	
Street Address	City			State	Zip Code		
Total of Section D							

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE				TYPE O	F REPORT			
Explore Team Boughton				October 10 Fili	ng - Original			
E. Personal l	Funds of the Candidate 1	Received this Period (Candid	ate Committees ONLY)					
Date of Receipt	Method of Payment				Amount			
	Cash	Personal Check	Credit/Debit Card					
Total of Section E								

Page 34 of 45

I. Monetary Receipts (Section A-I)							
NAME OF COMMITTEE				TYPE OF REPORT			
Explore Team Boughton				October 10 Filing - Original			
G. Interest from Deposits in Authorized Accounts							
Name of Institution			Date Received		Amount		
Street Address	City	State		Zip Code			
Total of Section G							

I. MONETARY RECEIPTS (Section A-K)								
NAME OF COMMITTEE						TYPE OF REPORT		
Explore Team Boughton					(	October 10 Filing - Original		
	H. Public Grant Funds Received from the Citizens' Election Fund							
Purpose of Grant:			Grant Cycle:			Date Received	Amount	
	Initial	Grant Adjustment	Primary	General Election	Special Election			
	Supplemental/I	Post Election Deficit						
						Total of Section H		

I. MONETARY RECEIPTS (Section A-K)								
NAME OF COMMITTEE				TYPE OF REPORT				
Explore Team Boughton	October 10 Filing - Original							
I. Miscellaneous Monetary Receipts not Considered Contributions								
Name Anedot				f Transaction D/2013	Amount Received			
Street Address	City	State		Zip Code				
Third Street, Suite 2B	Baton Rouge	LA		70801				
Description Q3 Fee Refunds					\$4.20			
				Total of Section I	\$4.20			

Page 35 of 45

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)							
NAME OF COMMITTEE				TYPE OF	F REPORT		
Explore Team Boughton				October 10 Filing - 0	Original		
	J1. Fundraising Event Info	ormation		•			
Fundraising Event # Date of Fundraiser Letter	Description						
Location: Street Address			City		State	Zip Code	
Was this fundraising event hosted at a personal residence?       Yes       if yes, go to Section J3 In-Kind Dona complete required information for putor not invitations.         No       invitations.						nd	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. No					ntributions and		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes No					
			Та	atal of Section 11			

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPO				ORT				
Explore Team Boughton October 10 Filing			Filing - Original					
J3. In-Kind Donations Not Considered Contributions								
Name of the Donor								
Street Address City						State	Zip Code	
Donation Given by: Individual	Description of Donation		-				arket Value of Donation	
Business Entity	Date Received	Event #		Aggregate value for this ev	vent			
Sole Proprietorship								
Total of Section J3								

Page 36 of 45

## III. NONMONETARY RECEIPTS (Sections K - M)

NAME OF COMMITTEE	TYPE OF REPORT						
Explore Team Boughton	October 10 Filing - Original						
K. In-Kind Contributions							
Name							

Street Address				City			State	Zip Code
Is this contribution associated with a fundraising event listed in Section 11? If yes, list Event#	Yes No	Description	of In-Kind Contribution				•	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	contracto		l of a state contractor or prosp ch branch or branches of trract is with:	-	ecutive	Yes No Legislative		arket Value of this Contribution
Type of Contributor:			Date Received		Aggregate contri	butions		
Individual Committee	e Sole Propri	Sole Proprietorship						
					Total of	Section K		

III. Non Monetary Receipts (Sections K - M)							
NAME OF COMMITTEE (Provide Complete Name as Registered v	with (	Commission)		TYPI	E OF RE	PORT	
Explore Team Boughton			(	October 10 Filing - Original			
L. Refundable Deposit to Telephone Company							
Last Name of Individual		First Name	MI Date I		Deposit Made		
Residential Street Address	City		State	Zip Code		Amount of Deposit	
Name of Telephone company							
Street Address	City	City St		Zip Code			
Total of Section L							

Page	37	of 45
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III. NONMONETARY RECEIPTS (Sections K - M)
III. NONMONETAKT KEUEIFTS (SECUOIS K - M)

III. NONVIONETARY RECEIPTS (Sections K - M)								
NAME OF COMMITTEE	TYPE OF REPORT							
Explore Team Boughton		October 10 Filing - Original						
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee - OPTIONAL See Public Act 11-48								
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)	Name of Treasurer							
Street Address		Date Notice Received	Fair Market Value of Donation					
City	State	Zip Code	Aggregate Donations					
Description of Donation	Purpose of Expenditure A B	C D E						
Total of Section M								

Page 38 of 45

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Prov	TYPE	E OF REPORT					
Explore Team Boughton				October 10 Fil	ling - Original		
	N. Expenses Paid By Com	nittee					
Name of Payee Will Riemer			Date of Pay 08/27/20			ment neck # <u>89</u> ebit Card	
Street Address 50 W District Rd		City Farmington			State CT	Zip Code 06085	
Purpose of Expend RCW	Description					Amount	
which reimbursement is sought?	Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Event # (if applicable)					\$39.00	
Name of Payee     Date of Payme       Heath Fahle     09/19/201					Method of Payment           X         Check # 90           Debit Card		
Street Address 90 Hog Hill Rd		City East Hampto	n		State CT	Zip Code 06424	
Purpose of Expend RCW	Description					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if a	enditure # oplicable)	Event #	¥	\$359.40		
Name of Payee Spectrum Marketing			Date of Pay 09/20/20		Method of Payment           X         Check # 91           Debit Card		
Street Address 95 Eddy Rd Ste 101		City Manchester			State NH	Zip Code 03102	
Purpose of Expend	Description					Amount	
A-DM			1		ł		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if a	enditure # oplicable)	Event #	¥		\$2,893.35	

Page 39 of 45

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			TYPE	OF REPORT				
Explore Team Boughton	October 10 Fili	Filing - Original							
N. Expenses Paid By Committee									
Name of Payee Mildred Godfrey			Date of Pay 09/28/20			ment neck # <u>EFT</u> ebit Card			
Street Address 132 Main St # 206		City Danbury			State CT	Zip Code 06810			
Purpose of Expend REF	Description					Amount			
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	ŧ		\$100.00						
Name of Payee Will Riemer			Date of Pay 09/29/20		Method of Payment           X         Check # 92           Debit Card				
Street Address 50 W District Rd		City Farmington			State CT	Zip Code 06085			
Purpose of Expend RCW	Description					Amount			
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if ap	nditure # plicable)	Event #	¥	\$9.20				
Name of Payee Anedot			Date of Pay 09/30/20			ment neck # <u>EFT</u> ebit Card			
Street Address Third Street, Suite 2B		<sup>City</sup> Baton Rouge			State LA	Zip Code 70801			
Purpose of Expend WEB	Description					Amount			
WEB         Is this expenditure coordinated with another candidate for which reimbursement is sought?       Yes       Expenditure # (if applicable)         If yes, assign an Expenditure # and complete Itemization in Addendum       No       (if applicable)						\$573.17			

Page 40 of 45

	IV. EXPENDITURES	S (Se	ctions N - S	)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)         TYPE							YPE OF REPORT		
Explore Team Boughton October 10 Fil						October 10 Fili	Filing - Original		
	N. Expenses Paid By Co	ommit	ttee						
Name of Payee Square					Date of Pay: 09/30/20			ayment Check # <u>EFT</u> Debit Card	
Street Address 1455 Market St			City San Francisco	0			State CA	Zip Code 94103	
Purpose of Expend WEB	Description							Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No	Expend (if appli			Event #	ŧ		\$3.65	
						Total of	Section N	\$3,977.77	

	IV.	EXPENDITURES (Sections N	( - S)						
NAME OF COMMITTE	EE (Provide Complete Name as Re	egistered with Commission)				TYPI	E OF REPOR	Т	
October 10 Filing						ng - Original			
	O. Expe	nses Paid By Candidate				•	•		
Name of Payee (Name of vendo	r who candidate paid directly)			Date	of Payme	nt	Is Reimbursemer Ye		No
Street Address		City	State		Zip Cod	e		Amount	
Purpose of Expenditure (by code)	Description			Event	#				
						Total o	of Section O		

Page 41 of 45

	IV. EXPENDIT	TURES (Sections N -	S)				
NAME OF COMMITTEE (I	Provide Complete Name as Registered		TYPE OF REPORT				
Explore Team Boughton	October 10 Filing - C	original					
	P. Expenses Incurr	red on Committee Cre	dit Card				
Name of Issuing Institution			Type of Credit Card: Visa Other	Master Card Disco	ver	American Express	
Name of Vendor			·		Date of Tra	nsaction	
Street Address			City		State	Zip Code	
Purpose of Expenditure (by code)	Description					Amount	
Is this expenditure coordinated w which reimbursement is sought? If yes, assign an Expenditure # a	ith another candidate for nd complete Itemization in Addendum	Yes No	Expenditure # (if applicable)	Event #	-		
				Total of Section	Р		

	IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	F REPORT							
Explore Team Boughton October 10 Filing - C								
	Q. Expenses Incurred By Committee but Not Paid During this Period							
Name of Creditor								ed
Street Address City							State	Zip Code
Purpose of Expenditure (bv code)     Description								unt Incurred ate or Actual)
Is this expenditure coordinated with another candidate for which Yes Expenditure # (if applicable) If yes, assign an Expenditure # and completes Itemization in Addendum Q Expenditure # and completes Itemization in Addendum Q								
	Total of Section Q							

Page	42	of	45
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IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide (	Complete N	lame as Registered with Comr	nission)			TYPE OF RE	PORT	
Explore Team Boughton						October 10 Filing - Origin	al	
R.	R. Itemization of Reimbursements to Committee Workers and Consultants							
Last Name of Worker/Consultant Riemer		First     MI     Date of Payment       Will     08/14/2013			-	Method of Payment           X         Check # 89           Debit Card		
Secondary Payee Postmaster				<u> </u>			<b>.</b>	
Street Address			City				State	Zip Code
210 Main St Farmington				СТ	06032			
Purpose of Expenditure (by code) POST	(by code)					Amount		
Is this expenditure coordinated with another candidate for Yes Expenditure # (if applicable) Event # (if applicable) If yes, assign an Expenditure # and completes Itemization in Addendum R				Event #		\$39.00		
Last Name of Worker/Consultant Fahle		First Heath		MI		e of Payment /21/2013	Method of Payment          X       Check # 90         Debit Card	
Secondary Payee Mailchimp								
Street Address			City				State	Zip Code
512 Means St Ste 404 A							GA	30318
Purpose of Expenditure Description (by code) A-WEB						Amount		
Is this expenditure coordinated with another cand which reimbursement is sought?		Yes X No	Expend (if appl			Event #		\$75.00
If yes, assign an Expenditure # and completes	Itemization in	Addendum R						

Page 43 of 45

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide (	Complete N	ame as Registered with Comr	nission)			TYPE OF REI	PORT	
Explore Team Boughton						October 10 Filing - Origin	al	
R.	R. Itemization of Reimbursements to Committee Workers and Consultants							
Last Name of Worker/Consultant Fahle		FirstMIDate of PaymentHeath09/08/2013			Method of Payment           X         Check # 90           Debit Card			
Secondary Payee Briteverify								
Street Address			City				State	Zip Code
1310 S Tryon St Ste 108 Charlotte				NC	28203			
Purpose of Expenditure (by code) A-WEB	by code)						Amount	
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes		Yes X No Addendum R	Expenc (if appl			Event #		\$70.36
Last Name of Worker/Consultant Fahle		First Heath		MI		e of Payment /09/2013		f Payment heck # <b>90</b> Debit Card
Secondary Payee Alphagraphics			_	ł	Į		. —	
Street Address			City				State	Zip Code
915 Main St Fl 1			Hartford				ст	06103
Purpose of Expenditure (by code) PRNT	Descripti	n	-					Amount
Is this expenditure coordinated with another cand which reimbursement is sought?	idate for	Yes X No	Expend (if appl			Event #		\$139.04
If yes, assign an Expenditure # and completes	Itemization in	Addendum R						φ132.0 <del>4</del>

Page 44 of 45

	IV. EXPENDITURES	(Sections N -	S)				
NAME OF COMMITTEE (Provide Comple	e Name as Registered with Com	mission)			TYPE OF RE	PORT	
Explore Team Boughton					October 10 Filing - Origin	al	
R. Itemiz	tion of Reimbursements to	Committee Wo	orkers and (	Consul	ltants		
Last Name of Worker/Consultant Riemer	First Will		MI		e of Payment /20/2013		f Payment heck # <b>92</b> Debit Card
Secondary Payee Postmaster							
Street Address 210 Main St		City Farmington				State CT	Zip Code 06032
(by code) POST	(by code)					Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization	Yes X No	Expenc (if appl			Event #		\$9.20
Last Name of Worker/Consultant Fahle	First Heath	•	MI		e of Payment /21/2013		f Payment heck # 90
Secondary Payee Mailchimp	_		<u> </u>	<u> </u>		<u> </u>	Debit Card
Street Address		City				State	Zip Code
512 Means St Ste 404		Atlanta				GA	30318
Purpose of Expenditure Desc (by code) A-WEB	iption						Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemizatic	Yes X No	Expend (if appl			Event #		\$75.00
					Total of Section R	 	\$407.60

Page 45 of 45

IV. EXPENDITURES (Sectuibs N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT						
Explore Team Boughton		October	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			