



COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE			
Boucher For CT				<input type="checkbox"/> Candidate Committee <input checked="" type="checkbox"/> Exploratory Committee			
3. TREASURER NAME							
First Ellen		MI M.	Last Essman			Suffix	
4. TREASURER ADDRESS							
Street Address 59 St Johns Rd			City Wilton		State CT	Zip Code 06897	
5. ELECTION DATE		6. OFFICE SOUGHT (Complete only if Candidate Committee)				7. DISTRICT NUMBER (if applicable)	
11/04/2014		Undetermined					
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)							
First Antonietta "Toni"		MI	Last Boucher			Suffix	
9. TYPE OF REPORT							
October 10 Filing - Original							
10. PERIOD COVERED							
		Beginning Date				Ending Date	
		08/16/2013		thru		09/30/2013	
11. CERTIFICATION							
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.							
Electronic Filing		Ellen Essman			10/10/2013 2:52:50PM		
SIGNATURE		PRINT NAME OF THE SIGNER			DATE CERTIFIED		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.							

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
Boucher For CT	October 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$0.00	
14. Contributions received from Individuals (Section A and B)	\$29,662.00	\$29,662.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$220.00	\$220.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$29,882.00	\$29,882.00
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$29,882.00	\$29,882.00
20. Expenses Paid by Committee (Section N)	\$459.15	\$459.15
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$29,422.85	\$29,422.85
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)	\$220.00	\$220.00
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	\$220.00	
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)	\$4,917.61	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$4,917.61	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Boucher For CT		October 10 Filing - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY			For Nonparticipating Candidates ONLY
			\$0.00
B. Itemized Contributions from Individuals			

Last Name Boucher		First Antoinetta "Toni"		MI	Contribution ID # 0001
Residential Street Address 5 Wicks End Ln		City Wilton		State CT	Zip Code 06897
Principal Occupation State Senator			Name of Employer State of CT/ Commonfund		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 09/05/2013	
\$375.00					

Last Name Boucher		First Henry		MI J	Contribution ID # 0002
Residential Street Address 5 Wicks End Ln		City Wilton		State CT	Zip Code 06897
Principal Occupation Manager			Name of Employer Tesoro Enterprises, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 09/05/2013	
\$375.00					

Last Name Gruendel		First Carol		MI L	Contribution ID # 0003
Residential Street Address 36 Saddle Ridge Rd		City Wilton		State CT	Zip Code 06897
Principal Occupation Homemaker			Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 09/09/2013	
\$375.00					

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Kaelin	First Michael	MI P	Contribution ID # 0004
Residential Street Address 36 Saddle Ridge Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Attorney	Name of Employer Cummings & Lockwood LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/09/2013	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Hetherington	First Hope	MI L	Contribution ID # 0005
Residential Street Address 697 Valley Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation None	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/09/2013	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Hetherington	First John	MI W	Contribution ID # 0006
Residential Street Address 697 Valley Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Attorney	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/09/2013	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Ciaccio	First George	MI J	Contribution ID # 0007
Residential Street Address 20 Freedom Way	City Shelton	State CT	Zip Code 06484
Principal Occupation None	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/09/2013	Aggregate Contributions \$350.00
			Amount of Contribution \$350.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Belote	First Patricia	MI J	Contribution ID # 0008
Residential Street Address 50 Marvin Ridge Pl	City Wilton	State CT	Zip Code 06897
Principal Occupation IBM	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/09/2013	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Cameron	First Angus James	MI CT	Contribution ID # 0009
Residential Street Address 55 Dubois St	City Darien	State CT	Zip Code 06820
Principal Occupation Consultant	Name of Employer Cameron Communications Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/09/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Jandreau	First Nicolina	MI CT	Contribution ID # 0010
Residential Street Address 51 Grove St	City Wallingford	State CT	Zip Code 06492
Principal Occupation	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/09/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Miyashiro	First Gary	MI CT	Contribution ID # 0011
Residential Street Address 41 Sullivan Dr	City Redding	State CT	Zip Code 06896
Principal Occupation	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/09/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Schlesel	First Elliot	MI J	Contribution ID # 0012
Residential Street Address 51 Ox Bow Ln	City Woodbridge	State CT	Zip Code 06525
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/09/2013	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Curtis	First Linda	MI C	Contribution ID # 0013
Residential Street Address 6 Birnam Wood Rd	City Bethel	State CT	Zip Code 06801
Principal Occupation Manager	Name of Employer Central Communications Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/09/2013	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Eike	First Linda	MI	Contribution ID # 0014
Residential Street Address 99 Cross Hwy	City Redding	State CT	Zip Code 06896
Principal Occupation Retired	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/09/2013	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Gnuse	First Jeanne	MI	Contribution ID # 0015
Residential Street Address 401 Hoyt Farm Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Management	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/09/2013	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Karl	First Henry	MI	Contribution ID # 0047
Residential Street Address 22 Winthrop Rd	City Bethel	State CT	Zip Code 06801
Principal Occupation Sales	Name of Employer Nine-9s, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/09/2013	Aggregate Contributions \$20.00
		Amount of Contribution \$10.00	

Last Name Karl	First Henry	MI	Contribution ID # 0048
Residential Street Address 22 Winthrop Rd	City Bethel	State CT	Zip Code 06801
Principal Occupation Sales	Name of Employer Nine-9s, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/09/2013	Aggregate Contributions \$20.00
		Amount of Contribution \$10.00	

Last Name Asness	First Barry	MI	Contribution ID # 0016
Residential Street Address 9 Pier Way Lndg	City Westport	State CT	Zip Code 06880
Principal Occupation None	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/10/2013	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

Last Name Asness	First Carol	MI	Contribution ID # 0017
Residential Street Address 9 Pier Way Lndg	City Westport	State CT	Zip Code 06880
Principal Occupation None	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/10/2013	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Bauer	First Carol	MI B	Contribution ID # 0018
Residential Street Address 206 Dudley Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Chaplain, Norwalk Hospital	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/10/2013	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Bauer	First George	MI P	Contribution ID # 0019
Residential Street Address 206 Dudley Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation None	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/10/2013	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Engel	First Susan	MI C	Contribution ID # 0020
Residential Street Address 82 South Ave	City New Canaan	State CT	Zip Code 06840
Principal Occupation Realtor	Name of Employer Self Employed Realtor		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/10/2013	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Iannuzzi	First Teresa	MI C	Contribution ID # 0021
Residential Street Address 226 Newton Rd	City Woodbridge	State CT	Zip Code 06525
Principal Occupation Clinical Receptionist	Name of Employer Yale University		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/10/2013	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Mioli	First Joseph	MI S	Contribution ID # 0022
Residential Street Address 42 Southport Woods Dr	City Southport	State CT	Zip Code 06890
Principal Occupation None	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/10/2013	Aggregate Contributions \$200.00
			\$200.00

Last Name Brown, Jr.	First James	MI T	Contribution ID # 0023
Residential Street Address 135 Middlebrook Farm Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation None	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/10/2013	Aggregate Contributions \$150.00
			\$150.00

Last Name Finkelstein	First Christine	MI	Contribution ID # 0024
Residential Street Address 4 Rockhouse Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Consultant	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/10/2013	Aggregate Contributions \$150.00
			\$150.00

Last Name Brown	First Alice	MI B	Contribution ID # 0025
Residential Street Address 135 Middlebrook Farm Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation None	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/10/2013	Aggregate Contributions \$100.00
			\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name DePanfilis	First Anthony	MI J	Contribution ID # 0026
Residential Street Address 18 Orchard Hill Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Attorney/ Judge/ Probate	Name of Employer DePanfilis & Vallerie 1st of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/10/2013	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Hudspeth	First Stephen	MI M	Contribution ID # 0027
Residential Street Address 6 Glen Hill Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Law Educator	Name of Employer Yale Law School Yale University		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/10/2013	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Kelso	First Luisa	MI M	Contribution ID # 0028
Residential Street Address 64 De Forest Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation None	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/10/2013	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Kelso	First Robert	MI H	Contribution ID # 0029
Residential Street Address 64 De Forest Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation None	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/10/2013	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Lindberg	First Michael	MI W	Contribution ID # 0030
Residential Street Address 149 Thunder Lake Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Retired	Name of Employer IBM		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/10/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Lindberg	First Paula	MI M	Contribution ID # 0031
Residential Street Address 149 Thunder Lake Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Teacher	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/10/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Towers	First Richard	MI H	Contribution ID # 0032
Residential Street Address 12 Greens Farms Holw	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/10/2013	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Wessendorf	First Charles	MI K	Contribution ID # 0033
Residential Street Address 42 Pipers Hill Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/10/2013	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Engel, Jr.	First John	MI A	Contribution ID # 0034
Residential Street Address 82 South Ave	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Date Received 09/10/2013	Aggregate Contributions \$35.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$35.00	

Last Name Glass, Jr.	First William	MI O	Contribution ID # 0035
Residential Street Address 16 Turner Ln	City Wilton	State CT	Zip Code 06897
Principal Occupation Instructor	Name of Employer Bridgeport Board of Education		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Date Received 09/10/2013	Aggregate Contributions \$30.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$30.00	

Last Name Boucher	First Chandler	MI L	Contribution ID # 0036
Residential Street Address 391 E Litchfield Rd	City Litchfield	State CT	Zip Code 06759
Principal Occupation None	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Date Received 09/12/2013	Aggregate Contributions \$30.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$30.00	

Last Name Boucher	First John	MI J	Contribution ID # 0037
Residential Street Address 391 E Litchfield Rd	City Litchfield	State CT	Zip Code 06759
Principal Occupation Manager	Name of Employer Bicon Electronics Company		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Date Received 09/12/2013	Aggregate Contributions \$300.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$300.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Schmitz	First Janet	MI G	Contribution ID # 0038
Residential Street Address 110 Winfield Ln	City New Canaan	State CT	Zip Code 06840
Principal Occupation None	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/12/2013	Aggregate Contributions \$300.00
			\$300.00

Last Name Murray	First Harlan	MI W	Contribution ID # 0039
Residential Street Address 1 Crowne Pond Ln	City Wilton	State CT	Zip Code 06897
Principal Occupation Lawyer	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/12/2013	Aggregate Contributions \$200.00
			\$200.00

Last Name Bondeson	First Janet	MI M	Contribution ID # 0040
Residential Street Address 48 Lambert Cmn	City Wilton	State CT	Zip Code 06897
Principal Occupation None	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/12/2013	Aggregate Contributions \$100.00
			\$100.00

Last Name Lavoie	First Theresa	MI R	Contribution ID # 0041
Residential Street Address 391 E Litchfield Rd	City Litchfield	State CT	Zip Code 06759
Principal Occupation Energy Consultant	Name of Employer The Resource Link		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/12/2013	Aggregate Contributions \$100.00
			\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Lichter	First Richard	MI C	Contribution ID # 0042
Residential Street Address 124 Old Mill Rd	City Greenwich	State CT	Zip Code 06831
Principal Occupation Investments	Name of Employer Newbury Partners		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/12/2013	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Pathare	First Pradip	MI M	Contribution ID # 0043
Residential Street Address 7 Broadview Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Physician	Name of Employer Norwalk Radiology Consultants, P.C.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/12/2013	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Platt	First Jeffrey	MI B	Contribution ID # 0044
Residential Street Address 11 Horton Ln	City New Canaan	State CT	Zip Code 06840
Principal Occupation Consultant	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/12/2013	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Platt	First Lisa	MI B	Contribution ID # 0045
Residential Street Address 11 Horton Ln	City New Canaan	State CT	Zip Code 06840
Principal Occupation Consultant	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/12/2013	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Hickey	First Helene	MI	Contribution ID # 0046
Residential Street Address 47 Strathmore Ln	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/12/2013	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Lavielle	First Gail	MI	Contribution ID # 0049
Residential Street Address 109 Hickory HI	City Wilton	State CT	Zip Code 06897
Principal Occupation Legislature	Name of Employer CT House of Representatives		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/13/2013	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Chann	First Gregory	MI	Contribution ID # 0050
Residential Street Address 90 Twin Oak Ln	City Wilton	State CT	Zip Code 06897
Principal Occupation Dentist	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/13/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Jones	First Richard	MI F	Contribution ID # 0055
Residential Street Address 5705 Oakwood Rd	City Mission Hills	State KS	Zip Code 66208
Principal Occupation President	Name of Employer Fidelity Security Life Ins. Co		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/14/2013	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name McMahon	First Linda	MI E	Contribution ID # 0056
Residential Street Address 14 Hurlingham Dr	City Greenwich	State CT	Zip Code 06831
Principal Occupation Executive	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/14/2013	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

Last Name McMahon	First Vincent	MI K	Contribution ID # 0057
Residential Street Address 14 Hurlingham Dr	City Greenwich	State CT	Zip Code 06831
Principal Occupation Chairman/CEO	Name of Employer WWE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/14/2013	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

Last Name Ripp	First Joseph	MI A	Contribution ID # 0058
Residential Street Address 125 Cannon Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Executive	Name of Employer Time Warner Publishing		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/14/2013	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

Last Name Ripp	First Virginia	MI M	Contribution ID # 0059
Residential Street Address 125 Cannon Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Teacher	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/14/2013	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Davatzes	First Nickolas	MI	Contribution ID # 0060
Residential Street Address 48 Mollbrook Dr	City Wilton	State CT	Zip Code 06897
Principal Occupation Business Executive	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/14/2013	Aggregate Contributions \$300.00
			Amount of Contribution \$300.00

Last Name Bescherer	First Edwin	MI A	Contribution ID # 0061
Residential Street Address 38 English Dr	City Wilton	State CT	Zip Code 06897
Principal Occupation None	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/14/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Boucher	First Kathy	MI L	Contribution ID # 0062
Residential Street Address 1079 NE Crescent St	City Jensen Beach	State FL	Zip Code 34957
Principal Occupation Physical Therapist Assistant	Name of Employer South Florida Orthopaedics		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/14/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Bray	First Adrian Gilmore	MI	Contribution ID # 0063
Residential Street Address 57 Little Brook Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation IT Professional	Name of Employer Misys Int'l Banking Systems		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/14/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Overby	First Delphine	MI J	Contribution ID # 0064
Residential Street Address 105 Pine Ridge Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation None	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/14/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Overby	First James	MI R	Contribution ID # 0065
Residential Street Address 105 Pine Ridge Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation None	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/14/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Wong	First Elizabeth	MI Y	Contribution ID # 0066
Residential Street Address 21 Pequot Trl	City Westport	State CT	Zip Code 06880
Principal Occupation None	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/14/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Klotz	First Ann	MI S	Contribution ID # 0067
Residential Street Address 296 Millstone Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation None	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/14/2013	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Lasprogato	First Joan	MI G	Contribution ID # 0068
Residential Street Address 28 Drumlin Rd	City Westport	State CT	Zip Code 06880
Principal Occupation None	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/14/2013	Aggregate Contributions \$50.00
			\$50.00

Last Name Nave	First Anna	MI PA	Contribution ID # 0069
Residential Street Address 1856 W Marshall St	City Norristown	State PA	Zip Code 19403
Principal Occupation Homemaker	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/14/2013	Aggregate Contributions \$50.00
			\$50.00

Last Name Taylor	First Frank	MI CT	Contribution ID # 0070
Residential Street Address 45 Deacon Abbott Rd	City Redding	State CT	Zip Code 06896
Principal Occupation Marketing	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/14/2013	Aggregate Contributions \$50.00
			\$50.00

Last Name Calhoun	First G. Mary	MI CT	Contribution ID # 0071
Residential Street Address 55 Hatfield Hill Rd	City Bethany	State CT	Zip Code 06524
Principal Occupation RTT	Name of Employer YNHH		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/14/2013	Aggregate Contributions \$25.00
			\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name DePanfilis	First Ralph	MI A	Contribution ID # 0072
Residential Street Address 78 Highland Ave	City Rowayton	State CT	Zip Code 06853
Principal Occupation None	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/14/2013	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Grunewald	First Donald	MI	Contribution ID # 0073
Residential Street Address 5 River Rd # 307	City Wilton	State CT	Zip Code 06897
Principal Occupation Professor	Name of Employer Iona College		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/14/2013	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Straniti	First Kelly	MI L	Contribution ID # 0074
Residential Street Address 1 Ponus Ave	City Norwalk	State CT	Zip Code 06850
Principal Occupation Legal/Real Estate	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/14/2013	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Kersey	First Dallas	MI	Contribution ID # 0051
Residential Street Address 154 Steep Hill Rd	City Weston	State CT	Zip Code 06883
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/15/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name LaBant	First Robert	MI	Contribution ID # 0052
Residential Street Address 31 Crosswicks Ridge Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Retired	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/16/2013	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name LaBant	First Laura	MI	Contribution ID # 0053
Residential Street Address 31 Crosswicks Ridge Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Retired	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/16/2013	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Iannuzzi-Szyszka	First Jaime	MI	Contribution ID # 0054
Residential Street Address 127 Shawmut Ave	City North Haven	State CT	Zip Code 06473
Principal Occupation Health Care	Name of Employer PHCS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/16/2013	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Iannuzzi	First Lisa	MI	Contribution ID # 0096
Residential Street Address 2475 Brickell Ave # 2105	City Miami	State FL	Zip Code 33129
Principal Occupation Nurse Anesthetist	Name of Employer Sheridan Healthcare		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/17/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Bagley	First Laurie	MI D	Contribution ID # 0075
Residential Street Address 3635 E Paces Cir Unit 1404	City Atlanta	State GA	Zip Code 30326
Principal Occupation None	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/17/2013	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

Last Name Iannuzzi	First Victor	MI J	Contribution ID # 0076
Residential Street Address 241 Mooreborough Dr	City Bowling Green	State KY	Zip Code 42103
Principal Occupation Engineer/Geologist	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/17/2013	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

Last Name Sembler	First Betty	MI S	Contribution ID # 0077
Residential Street Address 180 Beach Dr PH 2500	City St Petersburg	State FL	Zip Code 33701
Principal Occupation Anti-Drug Education	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/17/2013	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

Last Name Chandra	First Rakesh	MI	Contribution ID # 0078
Residential Street Address 32 Crosswicks Ridge Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Engineer	Name of Employer IBM		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/17/2013	Aggregate Contributions \$300.00
		Amount of Contribution \$300.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Acosta-Rua	First Lianne	MI	Contribution ID # 0079
Residential Street Address 48 Briardale Pl	City Wilton	State CT	Zip Code 06897
Principal Occupation Homemaker	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/17/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Dineen	First Kathleen	MI E	Contribution ID # 0080
Residential Street Address 280 Rivergate Dr	City Wilton	State CT	Zip Code 06897
Principal Occupation Homemaker	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/17/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Dineen	First Timothy	MI P	Contribution ID # 0081
Residential Street Address 280 Rivergate Dr	City Wilton	State CT	Zip Code 06897
Principal Occupation None	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/17/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Dukes	First Philip	MI L	Contribution ID # 0082
Residential Street Address 55 Trumbull St Apt 204	City Hartford	State CT	Zip Code 06103
Principal Occupation Attorney	Name of Employer State Of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/17/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name LaFond	First Debra	MI	Contribution ID # 0083
Residential Street Address 116 Silver Spring Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Homemaker	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/17/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Wetmore	First Timothy	MI W	Contribution ID # 0084
Residential Street Address 14 Guyer Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Architect	Name of Employer Wetmore Architect		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/17/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Gardner	First Margery	MI L	Contribution ID # 0085
Residential Street Address 6 Graystone Cir	City New Canaan	State CT	Zip Code 06840
Principal Occupation None	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/17/2013	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Gardner	First William	MI D	Contribution ID # 0086
Residential Street Address 6 Graystone Cir	City New Canaan	State CT	Zip Code 06840
Principal Occupation Attorney	Name of Employer U.S. Social Security Administration		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/17/2013	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Iannuzzi	First Doreen	MI D	Contribution ID # 0087
Residential Street Address 830 N Farms Rd	City Wallingford	State CT	Zip Code 06492
Principal Occupation Real Estate Broker	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/17/2013	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Marquardt	First Mary	MI E	Contribution ID # 0088
Residential Street Address 1413 Meadow Rdg	City Redding	State CT	Zip Code 06896
Principal Occupation None	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/17/2013	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Russell	First Robert	MI H	Contribution ID # 0089
Residential Street Address 15 Hemmelskamp Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/17/2013	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Bodner	First Andrew	MI	Contribution ID # 0097
Residential Street Address 18 Ivy Hill Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Electricity Generation	Name of Employer Oxford Penacook Investments, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/18/2013	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Hackett	First Janienne	MI	Contribution ID # 0098
Residential Street Address 112 Pear Tree Point Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Homemaker	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/18/2013	Aggregate Contributions \$200.00
			\$200.00

Last Name Kaelin	First Thomas	MI	Contribution ID # 0099
Residential Street Address 108 Saw Pit Hill Rd	City Woodbury	State CT	Zip Code 06798
Principal Occupation Attorney	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/19/2013	Aggregate Contributions \$50.00
			\$50.00

Last Name Fredericks	First Jeanne	MI M	Contribution ID # 0090
Residential Street Address 221 Benedict Hill Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Literary Agent	Name of Employer Jeanne Fredericks Literary Agency, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/19/2013	Aggregate Contributions \$375.00
			\$375.00

Last Name Fredericks	First Wesley	MI C	Contribution ID # 0091
Residential Street Address 221 Benedict Hill Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Attorney	Name of Employer Jenner & Block, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/19/2013	Aggregate Contributions \$375.00
			\$375.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Starr	First Adam	MI	Contribution ID # 0092
Residential Street Address 126 Gulfside Dr	City Isla Morada	State FL	Zip Code 33036
Principal Occupation Investment Mar.	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/19/2013	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Starr	First Judy	MI	Contribution ID # 0093
Residential Street Address 126 Gulfside Dr	City Isla Morada	State FL	Zip Code 33036
Principal Occupation None	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/19/2013	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Meyer, III	First William	MI F	Contribution ID # 0094
Residential Street Address 3 St George Pl	City Westport	State CT	Zip Code 06880
Principal Occupation Volunteering	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/19/2013	Aggregate Contributions \$75.00
			Amount of Contribution \$75.00

Last Name Meyer	First Carolyn	MI	Contribution ID # 0095
Residential Street Address 3 St George Pl	City Westport	State CT	Zip Code 06880
Principal Occupation None	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/19/2013	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name McSweeney	First Hella	MI	Contribution ID # 0100
Residential Street Address 26 Chicken St	City Wilton	State CT	Zip Code 06897
Principal Occupation Travel Consultant	Name of Employer Wilton Center Travel, Ltd.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/21/2013	Aggregate Contributions \$150.00
			Amount of Contribution \$150.00

Last Name McSweeney	First James	MI	Contribution ID # 0101
Residential Street Address 26 Chicken St	City Wilton	State CT	Zip Code 06897
Principal Occupation None	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/21/2013	Aggregate Contributions \$150.00
			Amount of Contribution \$150.00

Last Name LaVoie	First Diane	MI	Contribution ID # 0133
Residential Street Address 2 Old Northfield Rd	City Northfield	State CT	Zip Code 06778
Principal Occupation Teacher	Name of Employer New Milford Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/21/2013	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Iannuzzi	First Francesca	MI	Contribution ID # 0102
Residential Street Address 5810 Hammock Isles Dr	City Naples	State FL	Zip Code 34119
Principal Occupation None	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/24/2013	Aggregate Contributions \$30.00
			Amount of Contribution \$30.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Iannuzzi	First Maria	MI	Contribution ID # 0103
Residential Street Address 241 Mooreborough Dr	City Bowling Green	State KY	Zip Code 42103
Principal Occupation None	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/24/2013	Aggregate Contributions \$30.00
		Amount of Contribution \$30.00	

Last Name Anderson, Jr.	First Carl	MI G	Contribution ID # 0104
Residential Street Address 776 Brownsville Rd	City Sinking Spring	State PA	Zip Code 19608
Principal Occupation Private Investor	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/24/2013	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

Last Name Anderson	First Deborah	MI B	Contribution ID # 0105
Residential Street Address 776 Brownsville Rd	City Sinking Spring	State PA	Zip Code 19608
Principal Occupation Homemaker	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/24/2013	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

Last Name Ketcham	First Natalie	MI T	Contribution ID # 0106
Residential Street Address 56 Wagon Wheel Rd	City Redding	State CT	Zip Code 06896
Principal Occupation Chief Elected Official	Name of Employer Town of Redding		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/24/2013	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Iannuzzi	First Elise	MI	Contribution ID # 0107
Residential Street Address 389 Highland Ave Apt 1	City Somerville	State MA	Zip Code 02144
Principal Occupation Student	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/24/2013	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

Last Name LaMonica	First Angelo	MI J	Contribution ID # 0108
Residential Street Address 222 E Elm St	City Torrington	State CT	Zip Code 06790
Principal Occupation None	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/24/2013	Aggregate Contributions \$300.00
		Amount of Contribution \$300.00	

Last Name Argyris	First Steven	MI G	Contribution ID # 0109
Residential Street Address 5178 Parkridge Dr	City Oakland	State CA	Zip Code 94619
Principal Occupation Administrator	Name of Employer Graduate Theological Union		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/24/2013	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Iannuzzi	First Vincent	MI	Contribution ID # 0110
Residential Street Address 5810 Hammock Isles Dr	City Naples	State FL	Zip Code 34119
Principal Occupation Pools/Construction	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/24/2013	Aggregate Contributions \$150.00
		Amount of Contribution \$150.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Ashman	First Bonnie	MI	Contribution ID # 0111
Residential Street Address 153 Bayberry Ln	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/24/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Boucher	First Scott	MI D	Contribution ID # 0112
Residential Street Address 138 Summerbrook Ln	City Mooresville	State NC	Zip Code 28117
Principal Occupation Machine Tool Mechanic	Name of Employer Siemens		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/24/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Conway	First Sarah	MI E	Contribution ID # 0113
Residential Street Address 200 Westmont	City West Hartford	State CT	Zip Code 06117
Principal Occupation Student	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/24/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Curtiss	First Annemarie	MI	Contribution ID # 0114
Residential Street Address 190 Hollow Rd	City Watertown	State CT	Zip Code 06795
Principal Occupation None	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/24/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Iannuzzi	First Carol	MI J	Contribution ID # 0115
Residential Street Address 77 McBride Rd	City Litchfield	State CT	Zip Code 06759
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/24/2013	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Iannuzzi	First Donna	MI D	Contribution ID # 0116
Residential Street Address 680 Barnes Rd	City Wallingford	State CT	Zip Code 06492
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/24/2013	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Iannuzzi	First Louis	MI N	Contribution ID # 0117
Residential Street Address 15 Upton St	City Staten Island	State NY	Zip Code 10304
Principal Occupation None	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/24/2013	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Iannuzzi	First Pasquale	MI R	Contribution ID # 0118
Residential Street Address 77 McBride Rd	City Litchfield	State CT	Zip Code 06759
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/24/2013	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Iannuzzi	First Pasqualina	MI	Contribution ID # 0119
Residential Street Address 639 Amity Rd	City Woodbridge	State CT	Zip Code 06525
Principal Occupation None	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/24/2013	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name LaFond	First James	MI F	Contribution ID # 0120
Residential Street Address 3483 Gulf Shore Blvd N # 304	City Naples	State FL	Zip Code 34103
Principal Occupation None	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/24/2013	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Rosenberg	First Allen	MI	Contribution ID # 0121
Residential Street Address 24 Wicks End Ln	City Wilton	State CT	Zip Code 06897
Principal Occupation Advertising/Marketing	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/24/2013	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Ruskewich	First Alex	MI	Contribution ID # 0122
Residential Street Address 22 Calvin Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Retired	Name of Employer IBM		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/24/2013	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Snedeker	First James	MI P	Contribution ID # 0123
Residential Street Address 5 Linden Tree Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Data for Law Enforcement	Name of Employer Carco Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/24/2013	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Wanamaker	First Roger	MI D	Contribution ID # 0124
Residential Street Address 17 Skunk Ln	City Wilton	State CT	Zip Code 06897
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/24/2013	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Bielawa	First Henry	MI W	Contribution ID # 0125
Residential Street Address 18 Rockledge	City West Redding	State CT	Zip Code 06896
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/24/2013	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Dunn	First Clara	MI	Contribution ID # 0126
Residential Street Address 54 Horseshoe Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Retired	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/24/2013	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Dunn	First Franklin	MI R	Contribution ID # 0127
Residential Street Address 54 Horseshoe Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Retired	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/24/2013	Aggregate Contributions \$50.00
			\$50.00

Last Name Furrer	First Elizabeth	MI	Contribution ID # 0128
Residential Street Address 40 Seventy Acre Rd	City Redding	State CT	Zip Code 06896
Principal Occupation Realtor	Name of Employer Caldwell Banker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/24/2013	Aggregate Contributions \$25.00
			\$25.00

Last Name Furrer	First Urs	MI B	Contribution ID # 0129
Residential Street Address 40 Seventy Acre Rd	City Redding	State CT	Zip Code 06896
Principal Occupation Attorney	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/24/2013	Aggregate Contributions \$25.00
			\$25.00

Last Name Lindberg	First Eric	MI	Contribution ID # 0135
Residential Street Address 11 Buena Vista Dr	City Greenwich	State CT	Zip Code 06831
Principal Occupation Banker	Name of Employer Goldman Sachs		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/24/2013	Aggregate Contributions \$375.00
			\$375.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Iannuzzi	First Jennifer	MI	Contribution ID # 0134
Residential Street Address 17 Woodside Dr	City North Haven	State CT	Zip Code 06473
Principal Occupation Admin	Name of Employer HSOMS		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/25/2013	Aggregate Contributions \$50.00
			\$50.00

Last Name Manna	First Sandra	MI M	Contribution ID # 0130
Residential Street Address 97 Country Club Rd	City Middlebury	State CT	Zip Code 06762
Principal Occupation None	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/26/2013	Aggregate Contributions \$200.00
			\$200.00

Last Name Noonan	First John	MI D	Contribution ID # 0131
Residential Street Address 176 North St	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/26/2013	Aggregate Contributions \$100.00
			\$100.00

Last Name Weiland	First Juliette	MI M	Contribution ID # 0132
Residential Street Address 7905 Tottenham Ct	City Waxhaw	State NC	Zip Code 28173
Principal Occupation Public Relations and Marketing	Name of Employer J. Weiland, Slice & Co., LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/26/2013	Aggregate Contributions \$100.00
			\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Clark	First Harold	MI	Contribution ID # 0136
Residential Street Address 28 Wilton Crst	City Wilton	State CT	Zip Code 06897
Principal Occupation Executive	Name of Employer Northeast Radiology		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/27/2013	Aggregate Contributions \$150.00
			Amount of Contribution \$150.00

Last Name Simpson	First Keith	MI E	Contribution ID # 0155
Residential Street Address 2 Wardwell Dr	City New Canaan	State CT	Zip Code 06840
Principal Occupation Landscape Architect	Name of Employer Keith E. Simpson Associates		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/27/2013	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Raposo	First Jessica	MI	Contribution ID # 0137
Residential Street Address 513 S B St	City Richmond	State IN	Zip Code 47374
Principal Occupation college professor	Name of Employer Indiana University East		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2013	Aggregate Contributions \$150.00
			Amount of Contribution \$150.00

Last Name Boucher	First Paul	MI	Contribution ID # 0138
Residential Street Address 4074 SW Lakewood Dr	City Palm City	State FL	Zip Code 34990
Principal Occupation Business Owner/President	Name of Employer International Wholesale Tile		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2013	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name PolSELLI	First Denice	MI	Contribution ID # 0139
Residential Street Address 4074 SW Lakewood Dr	City Palm City	State FL	Zip Code 34990
Principal Occupation Business Owner/President	Name of Employer Unicorn HR Consulting, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2013	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Brault	First Ronald	MI	Contribution ID # 0140
Residential Street Address 125 Chicken St	City Wilton	State CT	Zip Code 06897
Principal Occupation Financial Advisor	Name of Employer Financial Strategies		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2013	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

Last Name Lindner	First Aileen	MI	Contribution ID # 0141
Residential Street Address 38 Saddle Ridge Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation None	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2013	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

Last Name Escalante	First Rudy	MI	Contribution ID # 0142
Residential Street Address 54 Saddle Ridge Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Management	Name of Employer ICSA Software		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Berenbaum	First Diane	MI	Contribution ID # 0169
Residential Street Address 54 Saddle Ridge Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Management	Name of Employer Communico LTD		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Corridon	First James	MI	Contribution ID # 0170
Residential Street Address 62 Washington Post Dr	City Wilton	State CT	Zip Code 06897
Principal Occupation Realtor	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2013	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Bendix	First William	MI	Contribution ID # 0171
Residential Street Address 112 Borglum Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Attorney	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Bendix	First Mary	MI	Contribution ID # 0172
Residential Street Address 112 Borglum Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Sales	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Harakas	First Donna	MI	Contribution ID # 0173
Residential Street Address 782 Ridgefield Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Homemaker	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2013	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Harakas	First Andrew	MI	Contribution ID # 0174
Residential Street Address 782 Ridgefield Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Attorney	Name of Employer Clyde&Co, LLP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2013	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name De Simone	First Roseann	MI	Contribution ID # 0175
Residential Street Address 8 Tall Oaks Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Registered Nurse/Health Educator	Name of Employer Wilton Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name De Simone	First John	MI	Contribution ID # 0176
Residential Street Address 8 Tall Oaks Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Accountant	Name of Employer WB&Co.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Gardner	First Clementina	MI	Contribution ID # 0177
Residential Street Address 59 Heather Ln	City Wilton	State CT	Zip Code 06897
Principal Occupation Registrar of Voters	Name of Employer Town of Wilton, CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2013	Aggregate Contributions \$20.00
			\$20.00

Last Name Mecozzi	First Barbara	MI	Contribution ID # 0178
Residential Street Address 16 Sunset Pass	City Wilton	State CT	Zip Code 06897
Principal Occupation Teacher	Name of Employer Wilton Public School		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2013	Aggregate Contributions \$100.00
			\$100.00

Last Name Poundstone	First Sally	MI	Contribution ID # 0179
Residential Street Address 48 Sharp Hill Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2013	Aggregate Contributions \$200.00
			\$100.00

Last Name Mecozzi	First Gary	MI	Contribution ID # 0180
Residential Street Address 16 Sunset Pass	City Wilton	State CT	Zip Code 06897
Principal Occupation Police Inspector	Name of Employer State Attorney's Office		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2013	Aggregate Contributions \$100.00
			\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Drummond	First Donald	MI J	Contribution ID # 0181
Residential Street Address 2 Horseshoe Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Poundstone	First Sally	MI	Contribution ID # 0182
Residential Street Address 48 Sharp Hill Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2013	Aggregate Contributions \$200.00
			Amount of Contribution \$100.00

Last Name McCafferty	First Anita	MI	Contribution ID # 0183
Residential Street Address 705-3 Lake Ave	City Bristol	State CT	Zip Code 06010
Principal Occupation Risk Manager	Name of Employer UPS Capital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Bruschi	First Charles	MI	Contribution ID # 0184
Residential Street Address 12 Woodway Ln	City Wilton	State CT	Zip Code 06897
Principal Occupation Finance	Name of Employer Canon Solutions America		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2013	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Serenbetz	First Warren	MI	Contribution ID # 0185
Residential Street Address 165 Signal Hill Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Investment Management	Name of Employer Radcliff Group, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Rogers	First Susan	MI	Contribution ID # 0186
Residential Street Address 5 Gard Ct	City Greenwich	State CT	Zip Code 06831
Principal Occupation Consultant	Name of Employer Greenwich		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2013	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Bodson	First Michael	MI	Contribution ID # 0187
Residential Street Address 2 Indian Knoll Pl	City Greenwich	State CT	Zip Code 06831
Principal Occupation Financial Services	Name of Employer Depository Trust & Clearing Corp		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$150.00
			Amount of Contribution \$150.00

Last Name Torrano	First Peter	MI	Contribution ID # 0188
Residential Street Address 104 Dry Hill Rd	City Norwalk	State CT	Zip Code 06851
Principal Occupation Retired	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Hess	First Debra	MI	Contribution ID # 0189
Residential Street Address 4 Kensington Ct	City Old Greenwich	State CT	Zip Code 06870
Principal Occupation Finance	Name of Employer NorthStar Realty Finance		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Rowella, Jr.	First Frank	MI A	Contribution ID # 0190
Residential Street Address 57 North St	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Financial Advisor	Name of Employer Reynolds & Rowella, LLP		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name LaSala	First Andrew	MI	Contribution ID # 0191
Residential Street Address 41 Ruscoe Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Builder	Name of Employer Summerview Development Group		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Young	First Penelope	MI	Contribution ID # 0192
Residential Street Address 52 Indian Rock Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Homemaker	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Macdonald	First Bruce	MI	Contribution ID # 0193
Residential Street Address 99 Twin Oak Ln	City Wilton	State CT	Zip Code 06897
Principal Occupation Financial Analyst	Name of Employer Columbia University		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name May	First Nancy	MI	Contribution ID # 0194
Residential Street Address 6 Old Dimon Rd	City Redding	State CT	Zip Code 06896
Principal Occupation Board Governance	Name of Employer BoardBench Companies		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Healy	First J. Casey	MI	Contribution ID # 0195
Residential Street Address 38 Blueberry Hill Pl	City Wilton	State CT	Zip Code 06897
Principal Occupation Attorney	Name of Employer Gregory and Adams, P.C.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Sweeney	First John	MI	Contribution ID # 0196
Residential Street Address 19 Lawson Ln	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Consultant	Name of Employer Consultant		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name McCafferty	First Jason	MI	Contribution ID # 0197
Residential Street Address 46 Ledgewood Dr	City Hanover	State MA	Zip Code 02339
Principal Occupation Sales	Name of Employer Yahoo		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Lynch	First Christopher	MI	Contribution ID # 0198
Residential Street Address 9 Appleby Farm Rd	City Brookfield	State CT	Zip Code 06804
Principal Occupation Real Estate	Name of Employer The LiRo Group		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Carruthers	First Linda	MI	Contribution ID # 0199
Residential Street Address 58 Allwood Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Darien	Name of Employer Darien		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Tafuro	First Kathryn	MI	Contribution ID # 0200
Residential Street Address 106 W Meadow Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Homemaker	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Likly	First Bruce	MI M	Contribution ID # 0143
Residential Street Address 35 Hunting Ridge Ln	City Wilton	State CT	Zip Code 06897
Principal Occupation Public Relations	Name of Employer Kovak-Likly Comm		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Likly	First Elizabeth	MI D	Contribution ID # 0144
Residential Street Address 35 Hunting Ridge Ln	City Wilton	State CT	Zip Code 06897
Principal Occupation Public Relations	Name of Employer Kovak-Likly Comm		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Davatzes	First Dorothea	MI A	Contribution ID # 0145
Residential Street Address 48 Mollbrook Dr	City Wilton	State CT	Zip Code 06897
Principal Occupation Teacher	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$300.00
			Amount of Contribution \$300.00

Last Name Oliveri	First Frank	MI	Contribution ID # 0146
Residential Street Address 243 Chestnut Hill Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Retired Fire Fighter	Name of Employer FDNY		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$150.00
			Amount of Contribution \$150.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Boucher	First Chris	MI	Contribution ID # 0147
Residential Street Address 5 Wicks End Ln	City Wilton	State CT	Zip Code 06897
Principal Occupation Teacher	Name of Employer New Visions Charter High School		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Boucher	First Courtney	MI v	Contribution ID # 0148
Residential Street Address 5 Wicks End Ln	City Wilton	State CT	Zip Code 06897
Principal Occupation Mother/Homemaker	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Cotton	First Andrea	MI C	Contribution ID # 0149
Residential Street Address 41 Pine Mountain Rd	City Redding	State CT	Zip Code 06896
Principal Occupation Consultant	Name of Employer Columbia Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Romano	First John	MI C	Contribution ID # 0150
Residential Street Address 179B E Rocks Rd	City Norwalk	State CT	Zip Code 06851
Principal Occupation Swimming Pool Contractor	Name of Employer All American Custom Pools and Spas		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Bielawa	First Claire	MI M	Contribution ID # 0151
Residential Street Address 18 Rockledge Rd	City West Redding	State CT	Zip Code 06896
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Kien	First Julian	MI M	Contribution ID # 0152
Residential Street Address 60 Whortleberry Rd	City Redding	State CT	Zip Code 06896
Principal Occupation Retired	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Lener	First Rita	MI	Contribution ID # 0153
Residential Street Address 4 Ridge Dr	City Westport	State CT	Zip Code 06880
Principal Occupation None	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Criswell	First Beth	MI	Contribution ID # 0154
Residential Street Address 337 Ridgefield Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Mom	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Chirunomula	First Rammurthy	MI	Contribution ID # 0156
Residential Street Address 51 Wicks End Ln	City Wilton	State CT	Zip Code 06897
Principal Occupation Physician	Name of Employer AASC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$300.00
			Amount of Contribution \$300.00

Last Name Beebe	First Bruce	MI E	Contribution ID # 0157
Residential Street Address 350 Nod Hill Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation None	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$200.00
			Amount of Contribution \$200.00

Last Name Chirunomula	First Padmavathi	MI	Contribution ID # 0158
Residential Street Address 51 Wicks End Ln	City Wilton	State CT	Zip Code 06897
Principal Occupation Homemaker	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$150.00
			Amount of Contribution \$150.00

Last Name Kaye	First Joshua	MI D	Contribution ID # 0159
Residential Street Address 11 Riverside Dr Apt 17HW	City New York	State NY	Zip Code 10023
Principal Occupation Attorney	Name of Employer Paul, Weiss, Rifkind, Wharton & Garrison, LLP		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$101.00
			Amount of Contribution \$101.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Ridley-Kaye	First Megan	MI E	Contribution ID # 0160
Residential Street Address 11 Riverside Dr Apt 17HW	City New York	State NY	Zip Code 10023
Principal Occupation Attorney	Name of Employer Linklaters, LLP		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$101.00
			\$101.00

Last Name Kaye	First Adam	MI S	Contribution ID # 0161
Residential Street Address 28 Powder Horn Hill Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Medical Student	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$100.00
			\$100.00

Last Name Kaye	First Annette	MI	Contribution ID # 0162
Residential Street Address 28 Powder Horn Hill Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation None	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$100.00
			\$100.00

Last Name Sheiman	First Deborah	MI J	Contribution ID # 0163
Residential Street Address 128 Random Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Retired	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$100.00
			\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Sheiman	First Ronald	MI L	Contribution ID # 0164
Residential Street Address 128 Random Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Attorney	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Chirunomula	First Lathas	MI	Contribution ID # 0165
Residential Street Address 51 Wicks End Ln	City Wilton	State CT	Zip Code 06897
Principal Occupation None	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$75.00
		Amount of Contribution \$75.00	

Last Name Chirunomula	First Krishnamurthy	MI	Contribution ID # 0166
Residential Street Address 51 Wicks End Ln	City Wilton	State CT	Zip Code 06897
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Drummond	First Donald	MI J	Contribution ID # 0167
Residential Street Address 2 Horseshoe Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$150.00
		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Saxe	First James	MI	Contribution ID # 0168
Residential Street Address 3 Drum Hill Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Manager	Name of Employer AT&T		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/30/2013	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Total of Section B			\$29,662.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS	(Sections A + B)	(Total on Line 14 of Summary Page)	\$29,662.00

I. MONETARY RECEIPTS (Section A-I)

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

C1. Contributions from Other Committees

Name of Committee		Name of Treasurer		
Address		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions

Total of Section C1			
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I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Boucher For CT				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 shared expense Payment for goods and services		
Total of Section C2					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Boucher For CT				October 10 Filing - Original	
D. Loans Received this Period					
Name of Lender Ellen M. Essman			Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other		Date of Receipt 08/21/2013
Street Address 59 St Johns Rd		City Wilton	State CT	Zip Code 06897	Is there a cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name of Cosigner/Guarantor (if applicable)					Amount Received \$20.00
Street Address		City	State	Zip Code	
Name of Lender Ellen M. Essman			Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other		Date of Receipt 09/05/2013
Street Address 59 St Johns Rd		City Wilton	State CT	Zip Code 06897	Is there a cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name of Cosigner/Guarantor (if applicable)					Amount Received \$200.00
Street Address		City	State	Zip Code	
Total of Section D					\$220.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Boucher For CT	October 10 Filing - Original

E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

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

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Boucher For CT	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
Boucher For CT	October 10 Filing - Original

H. Public Grant Funds Received from the Citizens' Election Fund

Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial	Primary		
Grant Adjustment	General Election		
Supplemental/Post Election Deficit	Special Election		
Total of Section H			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE				TYPE OF REPORT	
Boucher For CT				October 10 Filing - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Total of Section I					

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

NAME OF COMMITTEE				TYPE OF REPORT	
Boucher For CT				October 10 Filing - Original	
J1. Fundraising Event Information					
Fundraising Event # Date of Fundraiser	Letter	Description			
Location: Street Address			City	State	Zip Code
Was this fundraising event hosted at a personal residence?		Yes	if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.		
		No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
		No			
Subpart 1:		Yes	(If yes, enter Total Receipts here.)		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		No			
Total of Section J1					

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

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

J3. In-Kind Donations Not Considered Contributions

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

III. NONMONETARY RECEIPTS (Sections K - M)

NAME OF COMMITTEE	TYPE OF REPORT
Boucher For CT	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 J1? If yes, list Event#	Yes No	Description of In-Kind Contribution		
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	Yes No Executive Legislative	Fair Market Value of this Contribution
Type of Contributor:	Date Received	Aggregate contributions		
Individual	Committee	Sole Proprietorship		
Total of Section K				

III. Non Monetary Receipts (Sections K - M)

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

L. Refundable Deposit to Telephone Company

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

III. NONMONETARY RECEIPTS (Sections K - M)

NAME OF COMMITTEE	TYPE OF REPORT
Boucher For CT	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					

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Webster Bank		Date of Payment 09/04/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address Town Green		City Wilton	State CT	Zip Code 06897
Purpose of Expend BNK	Description Bank Fees		Amount \$37.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		
Name of Payee Webster Bank		Date of Payment 09/05/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address Town Green		City Wilton	State CT	Zip Code 06897
Purpose of Expend BNK	Description Bank Fees		Amount \$37.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		
Name of Payee Merchant Bankcard		Date of Payment 09/06/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address Towne Green		City Wilton	State CT	Zip Code 06897
Purpose of Expend BNK	Description Merchant Account Set up		Amount \$24.90	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Merchant Bankcard		Date of Payment 09/06/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address Towne Green		City Wilton	State CT	Zip Code 06897
Purpose of Expend BNK	Description Credit Card Servicing Fee		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$50.00
Name of Payee Webster Bank		Date of Payment 09/09/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address Town Green		City Wilton	State CT	Zip Code 06897
Purpose of Expend BNK	Description Charges for OD		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$37.00
Name of Payee Webster Bank		Date of Payment 09/09/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address Town Green		City Wilton	State CT	Zip Code 06897
Purpose of Expend BNK	Description Bank Fees For OD Charges		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$37.00

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Cybersource		Date of Payment 09/13/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 8999		City San Francisco		State CA
Zip Code 94128				
Purpose of Expend BNK	Description Credit Card Processing Fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$0.36
If yes, assign an Expenditure # and complete Itemization in Addendum				
Name of Payee Cybersource		Date of Payment 09/19/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 8999		City San Francisco		State CA
Zip Code 94128				
Purpose of Expend BNK	Description Credit Card Processing Fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$3.64
If yes, assign an Expenditure # and complete Itemization in Addendum				
Name of Payee Cybersource		Date of Payment 09/19/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 8999		City San Francisco		State CA
Zip Code 94128				
Purpose of Expend BNK	Description Credit Card Processing Fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$28.40
If yes, assign an Expenditure # and complete Itemization in Addendum				

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Cybersource		Date of Payment 09/19/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 8999		City San Francisco		State CA
Zip Code 94128				
Purpose of Expend BNK	Description Credit Card Fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1.82
Name of Payee Cybersource		Date of Payment 09/30/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 8999		City San Francisco		State CA
Zip Code 94128				
Purpose of Expend BNK	Description Credit Card Processing Fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$46.24
Name of Payee Webster Bank		Date of Payment 09/30/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address Town Green		City Wilton		State CT
Zip Code 06897				
Purpose of Expend BNK	Description Monthly Service Fee			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$35.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Boucher For CT				October 10 Filing - Original	
N. Expenses Paid By Committee					
Name of Payee Authorize.net			Date of Payment 09/30/2013		Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address PO Box 8999		City Boston		State MA	Zip Code 02110
Purpose of Expend BNK	Description Credit Card Merchant Account Fees				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #		\$120.29
If yes, assign an Expenditure # and complete Itemization in Addendum					
Total of Section N					\$459.15

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
				October 10 Filing - Original	
O. Expenses Paid By Candidate					
Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed? Yes No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description			Event #	
Total of Section O					

IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Boucher For CT				October 10 Filing - Original	
P. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card: Visa Master Card Discover American Express Other		
Name of Vendor				Date of Transaction	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Yes No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum					
Total of Section P					

IV. EXPENDITURES (Sections N - S)

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

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor Ellen M. Essman		Date Incurred 08/19/2013	
Street Address 59 St Johns Rd	City Wilton	State CT	Zip Code 06897
Purpose of Expenditure (bv code) OVHD	Description Post Office Box Rental	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$48.00

Name of Creditor Judy Puchalski		Date Incurred 08/21/2013	
Street Address 7 Waterbury Rd	City Norwalk	State CT	Zip Code 06851
Purpose of Expenditure (bv code) POST	Description Express Mail for SEEC Registration	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$35.46

IV. EXPENDITURES (Sections N - S)

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

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor Professional Graphics, In		Date Incurred 08/26/2013	
Street Address 25 Perry Ave .		City Norwalk	State CT
		Zip Code 06850	
Purpose of Expenditure (bv code) PRNT	Description Printing Costs for Contribution Appeal		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum Q		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable) Event # <div style="text-align: right;">\$3,432.98</div>

Name of Creditor Professional Graphics, In		Date Incurred 08/26/2013	
Street Address 25 Perry Ave .		City Norwalk	State CT
		Zip Code 06850	
Purpose of Expenditure (bv code) PRNT	Description Printing Costs for Appeal		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum Q		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable) Event # <div style="text-align: right;">\$499.85</div>

IV. EXPENDITURES (Sections N - S)

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

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor Hank Karl		Date Incurred 08/26/2013	
Street Address PO Box 81		City Bethel	State CT
		Zip Code 06801	
Purpose of Expenditure (bv code) WEB	Description Mailchimp Service		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$30.00

Name of Creditor Michael Lindberg		Date Incurred 08/29/2013	
Street Address 179 Thunder Lake Rd		City Wilton	State CT
		Zip Code 06897	
Purpose of Expenditure (bv code) POST	Description Postgae for Solicitation		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$276.00

IV. EXPENDITURES (Sections N - S)

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

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor Richard Bonenfant		Date Incurred 08/30/2013	
Street Address 17 Parkhill Ave .		City Norwalk	State CT
		Zip Code 06851	
Purpose of Expenditure (by code) A-DM	Description Photographs for Announcement of Exploratory Committee		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$70.00

Name of Creditor Paul's Prosperous Prt		Date Incurred 08/30/2013	
Street Address 35 Danbury Rd Ste 4		City Wilton	State CT
		Zip Code 06897	
Purpose of Expenditure (by code) A-OTH	Description Vinyl Banner for Announcement		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$125.00

IV. EXPENDITURES (Sections N - S)

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

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor Hank Karl		Date Incurred 09/27/2013	
Street Address PO Box 81	City Bethel	State CT	Zip Code 06801
Purpose of Expenditure (bv code) WEB	Description Mailchimp Service	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$30.00

Name of Creditor Judy Puchalski		Date Incurred 09/30/2013	
Street Address 7 Waterbury Rd	City Norwalk	State CT	Zip Code 06851
Purpose of Expenditure (bv code) CNSLT	Description Accounting and Bookkeeping Charges for Contributions	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$247.50

Total of Section Q

\$4,917.61

IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment Check # Debit Card
Secondary Payee				
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Total of Section R**IV. EXPENDITURES (Sectuibs N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Boucher For CT	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

