# **SEEC FORM 30**

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



# Electronic Filing

Do Not Mark in This Space For Official Use Only

Page 1 of 73

# **COVER PAGE**

1.NAME OF COMMITTEE						2. TYP	E OF COMMITTEE		
Boucher For CT						x	Candidate Committee Exploratory Committee		
3. TREASURER NAME									
First Ellen			МІ <b>М.</b>	Last Essman			Suffix		
4. TREASURER ADDRESS									
Street Address 59 St Johns Rd		City Wiltor	n		State CT		Zip Code <b>06897</b>		
5. ELECTION DATE	6. OFFICE SOUGHT ( Ca	omplete or	nly if Candidate	Committee)		7. DISTR	ICT NUMBER ( if applicable		
11/04/2014	Undetermined								
8. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Co	ommittee	e)						
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	ı	09/30/2013					
11 CEDTIFICATION									
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			10/1	10/2013 2	2:52:50PM			
SIGNATURE	PRINT NAME OF THE	E SIGNE	≧R	DATE	E CERTIFIED				
PENA	LTY FOR FALSE STATEM			E BY FINE NOT TO EXCEED \$: AN ONE YEAR, OR BOTH.	1,000, OR IM	PRISONME	NT		

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

# **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE	TYPE OF REPORT	TYPE OF REPORT					
Boucher For CT	October 10 Filing - Original	October 10 Filing - Original					
	COLUMN A	COLUMN B					
	This Period	Aggregate					
12. Balance on hand from day Committee was formed		\$0.00					
13. Balance on hand at the beginning of Reporting Period	\$0.00						
14. Contributions received from Individuals (Section A and B)	\$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						

Page 3 of 73

						1 age 5 of 75
I. MONETARY RECEIPT	S (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT			
Boucher For CT			Octobe	r 10 Filing - Original		
A. Total Contributions from Small Contributors-Received this Period	od O	NLY		For Nonpartic	ipating Cand	idates ONLY
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Boucher		Antoinetta "To	ni"			0001
Residential Street Address	City				State	Zip Code
5 Wicks End Ln		Wilton			СТ	06897
Principal Occupation		Name of Employer				
State Senator			-	mmonfund		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a lob dependent child of		se, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:				x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate	Contributions	1	
fundraising event listed in Section J1?  Yes  Cash  X  Personal Check						
X No	09/	05/2013		\$375.00		\$375.00
if yes, list event #						
Last Name	Name First				MI	Contribution ID #
Boucher		Henry			J	0002
Residential Street Address	City				State	Zip Code
5 Wicks End Ln		Wilton			СТ	06897
Principal Occupation		Name of Employer				
Manager		Tesoro	Enterpri	ses, Inc.		
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a lob dependent child of		se, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative		dependent child of	a loodyist:	x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate	Contributions	1	
fundraising event listed in Section J1?  Yes  X No  Cash  Personal Check	00.0	05/2013		<b>+275.00</b>		±275.00
If yes, list Event #	09/	03/2013		\$375.00		\$375.00
Last Name	First				MI	Contribution ID #
Gruendel		Carol			L	0003
Residential Street Address	City				State	Zip Code
36 Saddle Ridge Rd	,	Wilton			СТ	06897
Principal Occupation		Name of Employer				
Homemaker		None				
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No			obyist, spou a lobbyist?	Vac	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:    Executive				x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate	Contributions		
tundraising event instead in Section 31:						
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	09/	09/2013		\$375.00		\$375.00

Page 4 of 73

L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Boucher For CT			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Kaelin		Michael		Р	0004				
Residential Street Address	City			State	Zip Code				
36 Saddle Ridge Rd		Wilton		СТ	06897				
Principal Occupation		Name of Employ	er						
Attorney			nings & Lockwood LLC						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of  Executive Legislative		dependent enna (	x <sub>No</sub>						
government the contract is with:  In this contribution associated with a Method of contribution.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Duite	10001100	riggregate controlations						
X No Cash X Personal Check	09/0	09/2013	\$375.00		\$375.00				
If yes, list Event #	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Last Name	First			MI	Contribution ID #				
Hetherington		Норе		L	0005				
Residential Street Address	City			State	Zip Code				
697 Valley Rd		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er		•				
None		None		_					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?						
government the contract is with:			x No						
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions						
X No Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	09/0	09/2013	\$375.00		\$375.00				
Last Name	First			MI	Contribution ID #				
Hetherington	FIISt	John		W	0006				
Residential Street Address	City	301111		State	Zip Code				
697 Valley Rd	City	New Canaan		CT	06840				
Principal Occupation		Name of Employ	er	<u> </u>	1 000 10				
Attorney		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
	)	dependent child of	-						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	09/0	09/2013	\$375.00		\$375.00				
					La .a . p.				
Last Name Ciaccio	First	Coorgo		MI J	Contribution ID # 0007				
Residential Street Address	City	George		State	Zip Code				
20 Freedom Way	City	Shelton		CT	06484				
Principal Occupation		Name of Employ	er	<u> </u>	1 00.01				
None		Retire							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	or a roodyrst?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
Tulidasing event insect in Section 71:									
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	09/0	09/2013	\$350.00		\$350.00				

Page 5 of 73

I. MONETARY RECEIPTS (Section A-I)								
	2 (20	ection A-I)	TWDE OF DEPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  October 10 Filing - Original								
Boucher For CT			October 10 Filling - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Belote		Patricia		J	8000			
Residential Street Address	City			State	Zip Code			
50 Marvin Ridge Pl		Wilton		CT	06897			
Principal Occupation		Name of Employ	er					
IBM		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of						
government the contract is with:  Executive Legislative	-							
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check								
If yes, list Event # Money Order Credit/Debit Card	09/	09/2013	\$250.00		\$250.00			
Last Name	First			MI	Contribution ID #			
Cameron		Angus James			0009			
Residential Street Address	City			State	Zip Code			
55 Dubois St		Darien		СТ	06820			
Principal Occupation		Name of Employ						
Consultant			ron Communications Inc					
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (	<u> </u>					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event listed in Section J1?								
If yes, list Event # Cash Anney Order Credit/Debit Card	09/	09/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Jandreau		Nicolina			0010			
Residential Street Address	City			State	Zip Code			
51 Grove St		Wallingford		СТ	06492			
Principal Occupation		Name of Employ	er					
		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (	a loodyist:					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Wethod of contribution:  Specifically a specifically specifically a specifically specifically a specif	Date	Received	Aggregate Contributions					
Tunidaising event insect in section 31:								
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	09/	09/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Miyashiro		Gary		Н	0011			
Residential Street Address	City			State	Zip Code			
41 Sullivan Dr		Redding		СТ	06896			
Principal Occupation		Name of Employ	er					
		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	09/	09/2013	\$100.00		\$100.00			

Page 6 of 73

I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT					
Boucher For CT	October 10 Filing - Original				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Schlessel		Elliot		J	0012
Residential Street Address	City			State	Zip Code
51 Ox Bow Ln	L	Woodbridge		СТ	06525
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution
Yes X No	o	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
rundraising event listed in Section J1?					
If yes, list Event # Cash Cash Personal Check  Money Order Credit/Debit Card	09/	09/2013	\$100.00		\$100.00
	I .				T
Last Name	First	I to do		MI	Contribution ID #
Curtis Residential Street Address	City	Linda		C State	O013 Zip Code
6 Birnam Wood Rd	City	Bethel		CT	06801
Principal Occupation	-	Name of Employ	er	<u> </u>	00001
Manager		Centr	al Communications Inc		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or  Yes	Amou	ant of Contribution
If was indicate which branch or branches of	0	dependent child of	of a foodyist?		
government the contract is with:			x No		
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	00/	00/2012	<b>450.00</b>		<b>+</b> F0.00
If yes, list Event # Money Order Credit/Debit Card	09/	09/2013	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Eike		Linda			0014
Residential Street Address	City			State	Zip Code
99 Cross Hwy		Redding		СТ	06896
Principal Occupation		Name of Employ	er		
Retired					
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with.	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No	09/	09/2013	\$50.00		\$50.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Gnuse		Jeanne			0015
Residential Street Address	City			State	Zip Code
401 Hoyt Farm Rd		New Canaan		СТ	06840
Principal Occupation  Management		Name of Employ Self	er		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution
Yes X No	o	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event fisted in Section 31?					
X No Cash Personal Check  If yes, list Event # Cash Cash Cash Cash Cash Cash Cash Cash	09/	09/2013	\$100.00		\$100.00

Page 7 of 73

L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Boucher For CT			October 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Karl		Henry			0047			
Residential Street Address	City			State	Zip Code			
22 Winthrop Rd		Bethel		СТ	06801			
Principal Occupation		Name of Employ						
Sales			9s, LLC obbyist, spouse, or	A	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of	37	Amot	int of Contribution			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions					
Tulidasing event insect in Section 31:								
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	09/0	09/2013	\$20.00		\$10.00			
I you, is a treat of the control of								
Last Name	First			MI	Contribution ID #			
Karl		Henry			0048			
Residential Street Address	City			State	Zip Code			
22 Winthrop Rd		Bethel		СТ	06801			
Principal Occupation		Name of Employ						
Sales  Is contributor a principal of a state contractor or prospective state contractor?			9s, LLC obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of	Vac	Amot	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?								
X No	09/0	09/2013	\$20.00		\$10.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Asness		Barry			0016			
Residential Street Address	City			State	Zip Code			
9 Pier Way Lndg		Westport		СТ	06880			
Principal Occupation		Name of Employ	er					
None		None						
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No.	)	dependent child of	obbyist, spouse, or  Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
X No Cash X Personal Check	09/:	10/2013	\$375.00		\$375.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Asness		Carol			0017			
Residential Street Address	City			State	Zip Code			
9 Pier Way Lndg		Westport		СТ	06880			
Principal Occupation		Name of Employ	er					
None		None						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			555 Tanasana					
X No Cash X Personal Check	09/:	10/2013	\$375.00		\$375.00			
If yes, list Event #	1			I				

Page 8 of 73

L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Boucher For CT			October 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Bauer		Carol		В	0018			
Residential Street Address	City			State	Zip Code			
206 Dudley Rd		Wilton		СТ	06897			
Principal Occupation  Chaplain Nervally Hespital		Name of Employ Retire						
Chaplain, Norwalk Hospital  Is contributor a principal of a state contractor or prospective state contractor?				Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	dependent child of	Voc	1 111100	ant of Continuation			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event instead in Section 31:								
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	09/	10/2013	\$375.00		\$375.00			
				I				
Last Name	First			MI P	Contribution ID #			
Bauer Residential Street Address	City	George		State	0019 Zip Code			
206 Dudley Rd	City	Wilton		CT	06897			
Principal Occupation		Name of Employ	er					
None		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	J	dependent child of	of a lobbyist?					
government the contract is with:			x No					
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check	00/	10/2012	#27F 00		±275.00			
If yes, list Event # Money Order Credit/Debit Card	09/	10/2013	\$375.00		\$375.00			
Last Name	First			MI	Contribution ID #			
Engel		Susan		С	0020			
Residential Street Address	City			State	Zip Code			
82 South Ave		New Canaan		СТ	06840			
Principal Occupation		Name of Employ	er					
Realtor			mployed Realtor					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		1	x No					
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Yes  Cash  Regresonal Check								
X No	09/	10/2013	\$375.00		\$375.00			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
Iannuzzi		Teresa		С	0021			
Residential Street Address	City	Maadbuidaa		State	Zip Code			
226 Newton Rd Principal Occupation		Woodbridge Name of Employ	er	СТ	06525			
Clinical Receptionist			Jniversity					
			-1.1	Amou	unt of Contribution			
Yes X No	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	09/	10/2013	\$250.00		\$250.00			

Page 9 of 73

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Boucher For CT			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Mioli		Joseph		S	0022			
Residential Street Address	City			State	Zip Code			
42 Southport Woods Dr	<u> </u>	Southport		СТ	06890			
Principal Occupation		Name of Employ						
None		Retire	11 :	A	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event instead in Section 31:								
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	09/	10/2013	\$200.00		\$200.00			
Last Name	First			MI	Contribution ID #			
Brown, Jr.		James		Т	0023			
Residential Street Address	City	AAPH.		State	Zip Code			
135 Middlebrook Farm Rd	<u> </u>	Wilton	on.	СТ	06897			
Principal Occupation  None		Name of Employ Retire						
			11 14	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Yes  Cash  Personal Check								
If yes, list Event # Cash Cash Personal Check  Money Order Credit/Debit Card	09/	10/2013	\$150.00		\$150.00			
	<u> </u>							
Last Name	First			MI	Contribution ID #			
Finkelstein	a:	Christine		a	0024			
Residential Street Address  4 Rockhouse Rd	City	Wilton		State CT	Zip Code 06897			
Principal Occupation	<u> </u>	Name of Employ	or	CI	00097			
Consultant		Self	Ci					
			obbyist, spouse, or	Amou	ant of Contribution			
Yes A No	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	09/	10/2013	\$150.00		\$150.00			
Lad Name	Eine			\/I	Contribution ID #			
Last Name Brown	First	Alice		MI B	Contribution ID # 0025			
Residential Street Address	City	Alice		State	Zip Code			
135 Middlebrook Farm Rd		Wilton		CT	06897			
Principal Occupation		Name of Employ	er					
None		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or  Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions					
X No Cash Personal Check	00.	10/2012	4100.00		¢100.00			
If yes, list Event # Money Order Credit/Debit Card	09/	10/2013	\$100.00		\$100.00			

Page 10 of 73

L 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	First			MI	Contribution ID #			
DePanfilis		Anthony		J	0026			
Residential Street Address	City			State	Zip Code			
18 Orchard Hill Rd	<u> </u>	Westport		СТ	06880			
Principal Occupation		Name of Employ						
Attorney/ Judge/ Probate  Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	dependent child of	37	Amot	int of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tulidatising event insect in Section 31:								
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	09/	10/2013	\$100.00		\$100.00			
				I				
Last Name	First	Ctanhan		MI	Contribution ID #			
Hudspeth  Residential Street Address	City	Stephen		M State	0027 Zip Code			
6 Glen Hill Rd	City	Wilton		CT	06897			
Principal Occupation		Name of Employ	er					
Law Educator		Yale L	aw School Yale University					
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or  Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a foodyist?					
government the contract is with:			x No					
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	00/	10/2013	\$100.00		\$100.00			
If yes, list Event # Money Order Credit/Debit Card	09/	10/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Kelso		Luisa		М	0028			
Residential Street Address	City			State	Zip Code			
64 De Forest Rd		Wilton		СТ	06897			
Principal Occupation		Name of Employ						
None		Retire						
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No.	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Yes  Cash  Regresonal Check								
X No	09/	10/2013	\$100.00		\$100.00			
				l				
Last Name	First	5.1		MI	Contribution ID #			
Kelso Residential Street Address	City	Robert		H State	0029 Zip Code			
64 De Forest Rd	City	Wilton		CT	06897			
Principal Occupation		Name of Employ	er	<u> </u>	1 00037			
None		Retire						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or  Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with:  Executive Legislative	Г.	D : 1	X No					
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	09/	10/2013	\$100.00		\$100.00			
If yes, list Event #	55/	-0,2013	Ψ100.00	l	T-30.00			

I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  Boucher For CT  October 10 Filing - Original					
Boucher For CT					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Lindberg		Michael		W	0030
Residential Street Address	City	\A/:14		State	Zip Code
149 Thunder Lake Rd Principal Occupation		Wilton Name of Employ	or	СТ	06897
Retired		IBM			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Section 119 Yes Method of contribution:	Date	Received	Aggregate Contributions		
iundraising event listed in Section 31?					
If yes, list Event # Cash Credit/Debit Card	09/	10/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Lindberg		Paula		М	0031
Residential Street Address	City			State	Zip Code
149 Thunder Lake Rd		Wilton		СТ	06897
Principal Occupation		Name of Employ	er		•
Teacher		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative		dependent enna (	x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?  Yes  Cash  Personal Check					
If yes, list Event # Cash Credit/Debit Card	09/	10/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Towers		Richard		Н	0032
Residential Street Address	City			State	Zip Code
12 Greens Farms Holw		Westport		СТ	06880
Principal Occupation		Name of Employ	er		
Retired		None	11 1 · ·		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?    X   No	l				
If yes, list Event # No Money Order Credit/Debit Card	09/	10/2013	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Wessendorf		Charles		К	0033
Residential Street Address	City			State	Zip Code
42 Pipers Hill Rd		Wilton		СТ	06897
Principal Occupation		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		-	x <sub>No</sub>		
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # Cash X Personal Check  No Money Order Credit/Debit Card	09/	10/2013	\$50.00		\$50.00

I, MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  Boucher For CT  October 10 Filing - Original					
Boucher For CT					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Engel, Jr.		John		Α	0034
Residential Street Address	City	Nam Canana		State	Zip Code
82 South Ave Principal Occupation		New Canaan Name of Employ	or	СТ	06840
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child c	x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?  Yes  Cash  Personal Check					
If yes, list Event # Cash X Personal Check  Money Order Credit/Debit Card	09/	10/2013	\$35.00		\$35.00
Last Name	First			MI	Contribution ID #
Glass, Jr.		William		0	0035
Residential Street Address	City			State	Zip Code
16 Turner Ln		Wilton		СТ	06897
Principal Occupation		Name of Employ	er		
Instructor		_	eport Board of Education	1	
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No.	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?  Yes  X No  Cash  Personal Check					
If yes, list Event # No Money Order Credit/Debit Card	09/	10/2013	\$30.00		\$30.00
Last Name	First			MI	Contribution ID #
Boucher		Chandler		L	0036
Residential Street Address	City			State	Zip Code
391 E Litchfield Rd	<u> </u>	Litchfield		СТ	06759
Principal Occupation  None		Name of Employ None	er		
			obbyist, spouse, or	Amou	ant of Contribution
Yes 🔼 N	0	dependent child of	3/		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tunidiansing event instead in Section 71:					
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	09/	12/2013	\$30.00		\$30.00
Last Name	First			MI	Contribution ID #
Boucher		John		J	0037
Residential Street Address	City			State	Zip Code
391 E Litchfield Rd		Litchfield		CT	06759
Principal Occupation		Name of Employ			
Manager  Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	dependent child of	Vac	Amou	in or contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?  Yes  Cash  Personal Check					
X No Cash Personal Check  If yes, list Event # Cash Cash Cash Cash Cash Cash Cash Cash	09/	12/2013	\$300.00		\$300.00

I MONETA BY DECEMBER (C. P. A. D.								
I. MONETARY RECEIPTS	S (Se	ection A-I)	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	First			MI	Contribution ID #			
Schmitz		Janet		G	0038			
Residential Street Address	City			State	Zip Code			
110 Winfield Ln		New Canaan		СТ	06840			
Principal Occupation		Name of Employ	er					
None		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	Ĺ		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	<b></b>	dependent child of	of a lobbyist?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:  Yes	Date	Received	Aggregate Contributions					
Tunditaising event listed in Section 31?								
If yes, list Event # Cash Cash Personal Check  Money Order Credit/Debit Card	09/	12/2013	\$300.00		\$300.00			
in yes, his brone in the control of								
Last Name	First			MI	Contribution ID #			
Murray		Harlan		W	0039			
Residential Street Address	City			State	Zip Code			
1 Crowne Pond Ln		Wilton		СТ	06897			
Principal Occupation		Name of Employ	er					
Lawyer		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	'	dependent child of	of a lobbyist?					
government the contract is with:			x No					
Is this contribution associated with a Method of contribution:  Yes	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	09/	12/2013	\$200.00		\$200.00			
n yes, nst Event #								
Last Name	First			MI	Contribution ID #			
Bondeson		Janet		М	0040			
Residential Street Address	City			State	Zip Code			
48 Lambert Cmn		Wilton		СТ	06897			
Principal Occupation		Name of Employ	er	-	-			
None		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
	,	dependent child of	a lobbyist:					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a Method of contribution:  See Section 112  Yes	Date	Received	Aggregate Contributions					
rundraising event listed in Section J1?								
No	09/	12/2013	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Lavoie		Theresa		R	0041			
Residential Street Address	City			State	Zip Code			
391 E Litchfield Rd		Litchfield		СТ	06759			
Principal Occupation		Name of Employ	er					
Energy Consultant		The R	esource Link					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:  See Section 112  Yes	Date	Received	Aggregate Contributions					
Tundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	09/:	12/2013	\$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	First			MI	Contribution ID #				
Lichter		Richard		С	0042				
Residential Street Address	City			State	Zip Code				
124 Old Mill Rd		Greenwich		СТ	06831				
Principal Occupation		Name of Employ							
Investments			ury Partners						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	ınt of Contribution				
If yes, indicate which branch or branches of  Executive Legislative		dependent ennu (	x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Yes  Cash  Personal Check									
X No T	09/	12/2013	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Pathare		Pradip		М	0043				
Residential Street Address	City			State	Zip Code				
7 Broadview Rd	L	Westport		СТ	06880				
Principal Occupation		Name of Employ							
Physician  Is contributor a principal of a state contractor or prospective state contractor?			alk Radiology Consultants, P. obbyist, spouse, or		ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	o	dependent child of	Vac	Amot	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash X Personal Check	09/	12/2013	\$50.00		\$50.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Platt		Jeffrey		В	0044				
Residential Street Address	City			State	Zip Code				
11 Horton Ln	L	New Canaan		СТ	06840				
Principal Occupation		Name of Employ							
Consultant  Is contributor a principal of a state contractor or prospective state contractor?			employed obbyist, spouse, or	Amor	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	о	dependent child of		Amot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Yes  Cash  Personal Check									
X No	09/	12/2013	\$50.00		\$50.00				
				l	I				
Last Name Platt	First			MI B	Contribution ID # 0045				
Residential Street Address	City	Lisa		State	Zip Code				
11 Horton Ln	City	New Canaan		CT	06840				
Principal Occupation		Name of Employ	er						
Consultant			Employed						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	of a foodyfst?						
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions						
X No Cash Personal Check	00.	12/2012	<b>*</b> F0.00		¢50.00				
If yes, list Event # Money Order Credit/Debit Card	09/	12/2013	\$50.00		\$50.00				

Page 15 of 73

I, MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	I TYPE OF PERONT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  October 10 Filing - Original									
Boucher For CT October 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Hickey		Helene			0046				
Residential Street Address	City			State	Zip Code				
47 Strathmore Ln		Westport		CT	06880				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed	_					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodylst?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:  Yes  Wethod of contribution:	Date	Received	Aggregate Contributions						
tundraising event risted in Section 31?									
If yes, list Event # Cash Credit/Debit Card	09/	12/2013	\$10.00		\$10.00				
3.9									
Last Name	First			MI	Contribution ID #				
Lavielle		Gail			0049				
Residential Street Address	City			State	Zip Code				
109 Hickory Hl	L	Wilton		CT	06897				
Principal Occupation		Name of Employ	er						
Legislature		CT Ho	ouse of Representatives						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions						
tundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	09/:	13/2013	\$375.00		\$375.00				
3.9									
Last Name	First			MI	Contribution ID #				
Chann		Gregory			0050				
Residential Street Address	City			State	Zip Code				
90 Twin Oak Ln		Wilton		СТ	06897				
Principal Occupation		Name of Employ	er						
Dentist		Self							
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child (	*						
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
_									
If yes, list Event # Cash Credit/Debit Card	09/:	13/2013	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Jones		Richard		F	0055				
Residential Street Address	City			State	Zip Code				
5705 Oakwood Rd		Mission Hills		KS	66208				
Principal Occupation		Name of Employ							
President			ry Security Life Ins. Co						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		acpendent cinid (	-						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section 31?									
If yes, list Event # Cash Credit/Debit Card	09/	14/2013	\$375.00		\$375.00				

Page 16 of 73

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Boucher For CT			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
McMahon		Linda		E	0056				
Residential Street Address	City			State	Zip Code				
14 Hurlingham Dr		Greenwich		СТ	06831				
Principal Occupation		Name of Employ	er						
Executive		Self E	mployed						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child (	x No						
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	na/	14/2013	\$375.00		\$375.00				
If yes, list Event #	03/	14/2013	\$373.00		\$373.00				
Last Name	First			MI	Contribution ID #				
McMahon		Vincent		K	0057				
Residential Street Address	City	***************************************		State	Zip Code				
14 Hurlingham Dr	ا ا	Greenwich		СТ	06831				
Principal Occupation		Name of Employ	er	1					
Chairman/CEO		WWE							
		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Yes  Cash  Responsal Check									
X No	09/	14/2013	\$375.00		\$375.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Ripp		Joseph		А	0058				
Residential Street Address	City			State	Zip Code				
125 Cannon Rd		Wilton		СТ	06897				
Principal Occupation		Name of Employ	er						
Executive		Time	Warner Publishing						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Credit/Debit Card	09/	14/2013	\$375.00		\$375.00				
Last Name	First			MI	Contribution ID #				
Ripp	11130	Virginia		M	0059				
Residential Street Address	City	Virginia		State	Zip Code				
125 Cannon Rd	City	Wilton		CT	06897				
Principal Occupation		Name of Employ	er	<u> </u>	1 00037				
Teacher		Retire							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
	υ	dependent child of	or a roodyrst?						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
Talliand and special in Section 31:									
If yes, list Event # Cash Credit/Debit Card	09/	14/2013	\$375.00		\$375.00				

I. MONETARY RECEIPT	S (S	ection A-I)	TWIE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  Boucher For CT  October 10 Filing - Original					
B. Itemized Contributions from	m Inc	lividuals			
Last Name Davatzes	First	Nickolas		MI	Contribution ID # 0060
Residential Street Address	City	INICKOIGS		State	Zip Code
48 Mollbrook Dr	City	Wilton		CT	06897
Principal Occupation		Name of Employ	er	<u>                                     </u>	
Business Executive		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	Is contributor a l dependent child of	obbyist, spouse, or	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	09/	14/2013	\$300.00		\$300.00
If yes, list Event #		- 1/	400000		
Last Name	First			MI	Contribution ID #
Bescherer		Edwin		Α	0061
Residential Street Address	City			State	Zip Code
38 English Dr		Wilton		СТ	06897
Principal Occupation		Name of Employ			
None  Is contributor a principal of a state contractor or prospective state contractor?		Retire	abbyigt groups or	Amou	nt of Contribution
Yes X N	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?    X   No	09/	14/2013	\$100.00		\$100.00
I yes, as Even a				<u> </u>	
Last Name Boucher	First	Kathy		MI L	Contribution ID # 0062
Residential Street Address	City	Ratify		State	Zip Code
1079 NE Crescent St		Jensen Beacl	า	FL	34957
Principal Occupation		Name of Employ	er		
Physical Therapist Assistant		South	Florida Orthopaedics		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Society 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tunidialising event listed in Section 31:					
If yes, list Event # Cash Credit/Debit Card	09/	14/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Bray		Adrian Gilmo	re		0063
Residential Street Address	City			State	Zip Code
57 Little Brook Rd		Wilton		СТ	06897
Principal Occupation		Name of Employ			
IT Professional			Int'l Banking Systems		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?  Yes  Cash  Personal Check					
If yes, list Event # Cash Credit/Debit Card	09/	14/2013	\$100.00		\$100.00

Page 18 of 73

I, MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-I)	I TYPE OF DEPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  October 10 Filing - Original									
Boucher For CT									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Overby		Delphine		J	0064				
Residential Street Address	City			State	Zip Code				
105 Pine Ridge Rd		Wilton		СТ	06897				
Principal Occupation		Name of Employ	er						
None		None							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tunidiasing event instead in Section 31:									
If yes, list Event # Cash Credit/Debit Card	09/	14/2013	\$100.00		\$100.00				
in yes, his avent in a second and a second a									
Last Name	First			MI	Contribution ID #				
Overby		James		R	0065				
Residential Street Address	City			State	Zip Code				
105 Pine Ridge Rd		Wilton		СТ	06897				
Principal Occupation		Name of Employ	er						
None		None							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	09/	14/2013	\$100.00		\$100.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Wong		Elizabeth		Υ	0066				
Residential Street Address	City			State	Zip Code				
21 Pequot Trl		Westport		CT	06880				
Principal Occupation		Name of Employ	er						
None		None							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a followist:						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a fundraising awant listed in Section 112	Date	Received	Aggregate Contributions						
Tandraising event insect in section 31:									
If yes, list Event # Cash Credit/Debit Card	09/	14/2013	\$100.00		\$100.00				
11 yes, list Event #									
Last Name	First			MI	Contribution ID #				
Klotz		Ann		S	0067				
Residential Street Address	City			State	Zip Code				
296 Millstone Rd		Wilton		CT	06897				
Principal Occupation		Name of Employ	er						
None		None							
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	09/	14/2013	\$50.00		\$50.00				

Page 19 of 73

MANE OF COMMITTEE (Provide Complete Name as Registered with Commission)   Type OF Italing-original	I. MONETARY RECEIPT	rs (s	ection A-I)	1		
East Name Lasprogato  Renderial Sines Address Renderia						
Lasprogato	Boucher For C1					
Companies	B. Itemized Contributions from	m Inc	lividuals			
Real control in Sector Address	Last Name	First			MI	Contribution ID #
Principal Cooperation   Name	Lasprogato		Joan		G	0068
Name of Employee   Secretaria	Residential Street Address	City			State	_
None   Security   Se					СТ	06880
S. countributor a principal of a state contractor or prospective state of large la						
Tyes, indicate which branch or branches of comment the contraction so with.   Security   Legislative   Legislative   Date Received   Aggregate Contributions   Sp. 000   Sp. 0				11.14	A	-t-fCt-ilti
	Yes X N	lo		Vac	Aillou	int of Contribution
Mile   Date Received   Aggregate Contribution   Sp. 00.00   Sp.	Evacutiva Lagislativa			x No		
Last Name	Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
Tyes, list Event #1	tundraising event listed in Section 31?					
Residential Street Address  Residential Street Residential Str	No D Tollow Circuit	09/	14/2013	\$50.00		\$50.00
Nave	Lost Nama	Einst			LMI	Contribution ID#
Residential Sireet Address		FIISt			IVII	
Principal Occupation  Homemaker    Security   Amount   Am		City	Aillia		State	
Name of Employer   Name of Employer   Retired   Retire		1	Norristown			1
Is contributor a principal of a state contractor or prospective state contractor of prospectiv			•	er		
If yes, indicate which branch or branches of contribution associated with a findraising event listed in Section J1?  Is this contribution associated with a findraising event listed in Section J1?  If yes, list Event #    Ves	Homemaker		Retire	ed		
If yes, indicate which branch or branches of sovernment the contract is with:  If yes, list Event # Method of contribution:  If yes, list Event # Aggregate Contributions    Yes   Cash   Personal Check   Op/14/2013	Is contributor a principal of a state contractor or prospective state contractor?	Io.		Vac	Amou	nt of Contribution
Securise   Legislative   Legislative   Legislative   Legislative   Legislative   Legislative   Legislative   Legislative   Legislative   Datl Received   Aggregate Contributions   Security   Securi		10	dependent child of	of a lobbyist?		
tundraising event listed in Section J1?  If yes, list Event #  Taylor  Residential Street Address  Ab Deacon Abbott Rd  Principal Occupation  Marketing  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #  Calhoun  Residential Street Address  First  Frank  City  Redding  Frank  Self  Self  Self  Self  Self  Self  Aggregate Contributions  Aggregate Contributions  Aggregate Contributions  First  Aggregate Contributions  First  Aggregate Contributions  First  Aggregate Contributions  Socional Check  Socio	Evacutiva Lagislativa			X No	_	
Cash   Money Order   Personal Check   Order	Voc	Date	Received	Aggregate Contributions		
Last Name  Taylor  Residential Street Address  Aff Deacon Abbott Rd  Principal Occupation  Marketing  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contributor associated with a fundraising event listed in Section J1?  If yes, ist Event #  MI Contribution ID #  Occupation  Name of Employer  Self  Self  Self  Self  Self  Self  Self  Aggregate Contributions  Aggregate Contributions  Aggregate Contributions  \$50.00\$  \$50.00\$  \$50.00\$  \$50.00\$  First  G. Mary  O071  Residential Street Address  Siste  State  O71  O6524	X Personal Cheek	l				
Frank   J   0070		09/	14/2013	\$50.00		\$50.00
Residential Street Address 45 Deacon Abbott Rd  Principal Occupation Marketing  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #   Method of contribution:  Cash   Personal Check   Money Order   Credit/Debit Card   Personal Check   Og/14/2013   \$50.00   \$50.00    Calhoun  Residential Street Address  State   Zip Code   CT   O6896  Amount of Contribution   Contri	Last Name	First			MI	Contribution ID #
Redding CT 06896  Principal Occupation Marketing Self  Is contributor a principal of a state contractor or prospective state contractor?	Taylor		Frank		J	0070
Principal Occupation  Marketing  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:  Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #  Calhoun  Residential Street Address  5 Hatfield Hill Rd  Name of Employer  Self  Self  Self  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   X   No     Yes   Xecutive   Legislative   Legislative   Date Received   Aggregate Contributions   \$50.00   \$50	Residential Street Address	City			State	Zip Code
Self	45 Deacon Abbott Rd		Redding		СТ	06896
Is contributor a principal of a state contractor or prospective state contractor?    Yes   X   No     Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes   X   No     Yes   X   No     Yes   X   No     Yes   X   No     Yes   X   No   Yes   X   No   Yes   X   No   Yes   X   No   Yes   X   No   Yes   X   No   Yes   X   No   Yes   X   No   Yes   X   No   Yes   X   No   Xepressed   Yes   Yes   Xepressed   Yes	Principal Occupation		Name of Employ	er		
If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  Last Name  Calhoun  Residential Street Address  55 Hatfield Hill Rd  Legislative  Legislative  Legislative  Legislative  Date Received  Aggregate Contributions  4 Aggregate Contributions  \$50.00  \$50.00  \$50.00  \$50.00  \$50.00  \$50.00  \$50.00	Marketing		Self			
If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #  Legislative  Date Received  Aggregate Contributions  \$50.00\$  \$50.00	Is contributor a principal of a state contractor or prospective state contractor?  Yes X N	lo		37	Amou	nt of Contribution
Last Name Calhoun  Residential Street Address 55 Hatfield Hill Rd  Method of contribution:  Ves Cash No Cash Money Order Credit/Debit Card  Date Received Aggregate Contributions  \$50.00 \$50.00 \$50.00  First MI Contribution ID #  O071  Cathoun  City State Zip Code  Bethany  CT 06524	If yes, indicate which branch or branches of		dependent enna c	•		
If yes, list Event #  Last Name Calhoun  Residential Street Address 55 Hatfield Hill Rd  Yes    Yes     Yes	government the contract swith.	Date	Received		-	
Last Name       First Galhoun       MI Contribution ID # O701         Residential Street Address 55 Hatfield Hill Rd       City Bethany       State Zip Code CT 06524	fundraising event listed in Section J1?	Bute	Received	riggregate contributions		
CalhounG. Mary0071Residential Street AddressCityStateZip Code55 Hatfield Hill RdBethanyCT06524	× No The case of t	09/	14/2013	\$50.00		\$50.00
CalhounG. Mary0071Residential Street AddressCityStateZip Code55 Hatfield Hill RdBethanyCT06524	Last Name	First			MI	Contribution ID #
Residential Street Address City State Zip Code Bethany CT 06524						
	Residential Street Address	City	, , , , , , , , , , , , , , , , , , ,		State	Zip Code
Principal Occupation Name of Employer	55 Hatfield Hill Rd		Bethany		СТ	06524
	Principal Occupation	•	Name of Employ	er	•	
RTT YNHH	RTT		YNHH			
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Amount of Contribution	Is contributor a principal of a state contractor or prospective state contractor?	lo		Vac	Amou	nt of Contribution
If yes, indicate which branch or branches of	Evacutiva Lagislativa			•		
20 William agreement with a Method of contribution Data Described in Agreement Contributions	government the contract is with:  In this contribution accorded with a Method of contribution.	Date	Received		1	
fundraising event listed in Section J1?	fundraising event listed in Section J1?			338		
If yes, list Event #	x No	09/	14/2013	\$25.00		\$25.00

Page 20 of 73

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Boucher For CT			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
DePanfilis		Ralph		Α	0072				
Residential Street Address	City			State	Zip Code				
78 Highland Ave		Rowayton		СТ	06853				
Principal Occupation		Name of Employ	er						
None		None							
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of  Executive Legislative		dependent enna (	x <sub>No</sub>						
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Duit	10001100	riggregate controllions						
X No Cash X Personal Check	09/	14/2013	\$25.00		\$25.00				
If yes, list Event #	,	,	, , , , ,						
Last Name	First			MI	Contribution ID #				
Grunewald		Donald			0073				
Residential Street Address	City			State	Zip Code				
5 River Rd # 307		Wilton		СТ	06897				
Principal Occupation		Name of Employ	er		•				
Professor		Iona (	College	_					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	of a lobbyist?						
government the contract is with:			x No						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check									
If yes, list Event #	09/	14/2013	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Straniti	FIISt	Kelly		L	0074				
Residential Street Address	City	Keny		State	Zip Code				
1 Ponus Ave		Norwalk		CT	06850				
Principal Occupation		Name of Employ	er						
Legal/Real Estate		Self E	imployed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	)	dependent child of	or a roodyrst?						
government the contract is with:  Executive Legislative			x No						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	09/	14/2013	\$25.00		\$25.00				
T. O.	Б			) d					
Last Name	First	Dallas		MI	Contribution ID # 0051				
Kersey Residential Street Address	City	Dallas		State	Zip Code				
154 Steep Hill Rd	City	Weston		CT	06883				
Principal Occupation		Name of Employ	er	<u>.</u>	1 00000				
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	or a roodyrst?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
Tulidasing event insect in Section 71:									
If yes, list Event # Cash Personal Check  Money Order X Credit/Debit Card	09/	15/2013	\$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	m Inc	lividuals				
Last Name	First			MI	Contribution ID #	
LaBant Residential Street Address	Cit-	Robert		Ct-t-	0052	
31 Crosswicks Ridge Rd	City	Wilton		State CT	Zip Code 06897	
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	00037	
Retired		None				
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	int of Contribution	
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1		
fundraising event listed in Section J1?    Ites	00/	16/2012	¢275.00		¢275.00	
If yes, list Event # Money Order X Credit/Debit Card	09/	16/2013	\$375.00		\$375.00	
Last Name	First			MI	Contribution ID #	
LaBant		Laura			0053	
Residential Street Address	City			State	Zip Code	
31 Crosswicks Ridge Rd		Wilton		СТ	06897	
Principal Occupation		Name of Employ	er			
Retired		None				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	int of Contribution	
If yes, indicate which branch or branches of Executive Legislative		•	x <sub>No</sub>			
Is this contribution associated with a Method of contribution.	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?			88 18			
If yes, list Event # Cash Personal Check    Money Order   X Credit/Debit Card	09/	16/2013	\$375.00		\$375.00	
If yes, list Event #						
Last Name	First			MI	Contribution ID #	
Iannuzzi-Szyszka		Jaime			0054	
Residential Street Address	City			State	Zip Code	
127 Shawmut Ave		North Haven		СТ	06473	
Principal Occupation  Health Care		Name of Employ PHCS	er			
			obbyist, spouse, or	Amou	unt of Contribution	
Yes A No	0	dependent child of	37			
If yes, indicate which branch or branches of government the contract is with:			x No			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1		
tundraising event listed in Section 31:						
If yes, list Event # Cash Personal Check    Money Order   X Credit/Debit Card	09/	16/2013	\$50.00		\$50.00	
Last Name	First			MI	Contribution ID #	
Iannuzzi		Lisa			0096	
Residential Street Address	City			State	Zip Code	
2475 Brickell Ave # 2105		Miami		FL	33129	
Principal Occupation		Name of Employ	er	•		
Nurse Anesthetist		Sherio	dan Healthcare			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	int of Contribution	
If yes, indicate which branch or branches of Executive Legislative		,	x <sub>No</sub>			
government the contract is with:	Date	Received	Aggregate Contributions	1		
fundraising event listed in Section J1?			•			
If yes, list Event # Cash Personal Check    No	09/	17/2013	\$100.00		\$100.00	

I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  October 10 Filing - Original							
Boucher For CT October 10 Filing - Original							
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Bagley		Laurie		D	0075		
Residential Street Address	City			State	Zip Code		
3635 E Paces Cir Unit 1404		Atlanta		GA	30326		
Principal Occupation  None		Name of Employer None	er				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Ye	Amou	unt of Contribution		
If yes, indicate which branch or branches of	,	dependent child of	f a lobbyist?				
government the contract is with:  Executive Legislative		D 1 1		_			
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions				
X No Cash X Personal Check	09/:	17/2013	\$375.00		\$375.00		
If yes, list Event #		,	·		·		
Last Name	First			MI	Contribution ID #		
Iannuzzi		Victor		J	0076		
Residential Street Address	City			State	Zip Code		
241 Mooreborough Dr	ļ	Bowling Gree		KY	42103		
Principal Occupation		Name of Employ					
Engineer/Geologist  Is contributor a principal of a state contractor or prospective state contractor?			mployed obbyist, spouse, or	Amoi	unt of Contribution		
is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child o	V <sub>0</sub>	3	an or commount		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
If yes, list Event # Cash Credit/Debit Card	09/:	17/2013	\$375.00		\$375.00		
				1	1		
Last Name	First	D-th.		MI	Contribution ID #		
Sembler Residential Street Address	City	Betty		State	0077 Zip Code		
180 Beach Dr PH 2500	City	St Petersburg	1	FL	33701		
Principal Occupation		Name of Employe		1 '-	33701		
Anti-Drug Education		Self					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or  of a lobbyist?  Ye	Amou	ant of Contribution		
If yes, indicate which branch or branches of	)	dependent child of	i u lobbyist:				
government the contract is with:  Executive Legislative			x <sub>No</sub>				
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions				
X No Cash X Personal Check	00/	17/2012	+275.00		+275.00		
If yes, list Event # Money Order Credit/Debit Card	09/.	17/2013	\$375.00		\$375.00		
Last Name	First			MI	Contribution ID #		
Chandra		Rakesh			0078		
Residential Street Address	City			State	Zip Code		
32 Crosswicks Ridge Rd		Wilton		СТ	06897		
Principal Occupation		Name of Employe	er				
Engineer		IBM					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?  Ye	Amou	unt of Contribution		
If yes, indicate which branch or branches of Executive Legislative		,,	x No				
government the contract is with:  In this contribution associated with a Method of contribution.	Date	Received	Aggregate Contributions	-			
fundraising event listed in Section J1?			55 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5				
If yes list Event # Cash X Personal Check  Money Order Credit/Debit Card	09/	17/2013	\$300.00		\$300.00		

I MONETA BY DECEMBER (C. P. A. D.								
I. MONETARY RECEIPT	S (S	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  October 40 Filing October 40 Fi								
Boucher For CT			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Acosta-Rua		Lianne			0079			
Residential Street Address	City			State	Zip Code			
48 Briardale Pl		Wilton		CT	06897			
Principal Occupation		Name of Employ	er					
Homemaker		None						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event risted in Section 31?								
If yes, list Event # Cash Credit/Debit Card	09/	17/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Dineen		Kathleen		Е	0800			
Residential Street Address	City			State	Zip Code			
280 Rivergate Dr		Wilton		СТ	06897			
Principal Occupation		Name of Employ	er					
Homemaker		None		-				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions					
tundraising event listed in Section J1?								
If yes, list Event # Cash Credit/Debit Card	09/	17/2013	\$100.00		\$100.00			
3.9								
Last Name	First			MI	Contribution ID #			
Dineen		Timothy		Р	0081			
Residential Street Address	City			State	Zip Code			
280 Rivergate Dr		Wilton		СТ	06897			
Principal Occupation		Name of Employ						
None		Retire		•				
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent cinia (	•					
government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	l							
If yes, list Event # Money Order Credit/Debit Card	09/	17/2013	\$100.00		\$100.00			
-								
Last Name	First			MI	Contribution ID #			
Dukes		Philip		L	0082			
Residential Street Address	City			State	Zip Code			
55 Trumbull St Apt 204		Hartford		СТ	06103			
Principal Occupation		Name of Employ						
Attorney			Of CT					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of			x No					
government the contract is with:  Executive Legislative	Б.	D i d						
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	00.	17/2012	4100.00		¢100.00			
If yes, list Event # Money Order Credit/Debit Card	09/	17/2013	\$100.00		\$100.00			

I, MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	I TYPE OF DEDORE						
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	First			MI	Contribution ID #				
LaFond		Debra			0083				
Residential Street Address	City			State	Zip Code				
116 Silver Spring Rd		Wilton		СТ	06897				
Principal Occupation		Name of Employ	er						
Homemaker		None							
			obbyist, spouse, or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?	)	dependent child of	Vac	711100	an or commount				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
	Date	Received	Aggregate Contributions						
s this contribution associated with a fundraising event listed in Section J1?									
x No Cash x Personal Check	09/	17/2013	\$100.00		\$100.00				
If yes, list Event #	037	17,2013	Ψ100.00		Ψ100.00				
Last Name	First			MI	Contribution ID #				
Wetmore	1 1130	Timothy		W	0084				
	City	Timothy							
Residential Street Address	City			State	Zip Code				
14 Guyer Rd	L	Westport		СТ	06880				
Principal Occupation		Name of Employ							
Architect			ore Architect	,					
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child (	_						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:  Yes	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	09/:	17/2013	\$100.00		\$100.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Gardner		Margery		L	0085				
Residential Street Address	City			State	Zip Code				
6 Graystone Cir		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er						
None		None							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution				
	)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
To delice contribution accorded with a Marked of contribution.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash X Personal Check	09/	17/2013	\$50.00		\$50.00				
If yes, list Event #		,	4						
Last Name	First			MI	Contribution ID #				
Gardner	1 1150	William		D	0086				
Residential Street Address	City	viiiiaiii		State	Zip Code				
	City	Now Canaan			-				
6 Graystone Cir	Щ,	New Canaan	or.	СТ	06840				
Principal Occupation		Name of Employ		•					
Attorney			Social Security Administration		unt of Contailerti				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with:  Executive Legislative									
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
	1								
If yes, list Event # Cash Credit/Debit Card	09/	17/2013	\$50.00		\$50.00				

Page 25 of 73

I MONETA DV DECEMBER (C. P. A. D.								
I. MONETARY RECEIPT	S (S	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  October 10 Filing - Original								
Boucher For C1								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Iannuzzi		Doreen		D	0087			
Residential Street Address	City			State	Zip Code			
830 N Farms Rd		Wallingford		CT	06492			
Principal Occupation		Name of Employ	er					
Real Estate Broker		Self						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna (	x <sub>No</sub>					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			1.00.18					
X No Cash X Personal Check	09/:	17/2013	\$50.00		\$50.00			
If yes, list Event #			7-2					
Last Name	First			MI	Contribution ID #			
Marquardt		Mary		Е	0088			
Residential Street Address	City	,		State	Zip Code			
1413 Meadow Rdg		Redding		СТ	06896			
Principal Occupation		Name of Employ	er	<u> </u>	00030			
None		None						
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	Vac					
If yes, indicate which branch or branches of  Executive  Legislative			x <sub>No</sub>					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			1.00.10					
X No Cash X Personal Check	09/	17/2013	\$50.00		\$50.00			
If yes, list Event #	03/	17,2013	430.00		Ψ50.00			
Last Name	First			MI	Contribution ID #			
Russell		Robert		Н	0089			
Residential Street Address	City			State	Zip Code			
15 Hemmelskamp Rd		Wilton		СТ	06897			
Principal Occupation		Name of Employ	er					
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
	)	dependent child of						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
X No Cash X Personal Check	09/:	17/2013	\$50.00		\$50.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Bodner		Andrew			0097			
Residential Street Address	City			State	Zip Code			
18 Ivy Hill Rd		Ridgefield		СТ	06877			
Principal Occupation		Name of Employ	er					
Electricity Generation		Oxfor	d Penacook Investments, Inc					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a	Date	Received	Aggregate Contributions					
Tundraising event listed in Section J1?								
If yes, list Event # Cash Credit/Debit Card	09/	18/2013	\$375.00		\$375.00			

Page 26 of 73

L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Boucher For CT			October 10 Filing - Original						
B. Itemized Contributions from	n Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Hackett		Janienne			0098				
Residential Street Address	City			State	Zip Code				
112 Pear Tree Point Rd		Darien		СТ	06820				
Principal Occupation		Name of Employ	er						
Homemaker		None							
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of  Executive Legislative		dependent enna (	x <sub>No</sub>						
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Duit	10001100	riggregate controllions						
X No Cash Personal Check	09/	18/2013	\$200.00		\$200.00				
If yes, list Event # Money Order X Credit/Debit Card			7						
Last Name	First			MI	Contribution ID #				
Kaelin		Thomas			0099				
Residential Street Address	City			State	Zip Code				
108 Saw Pit Hill Rd		Woodbury		СТ	06798				
Principal Occupation		Name of Employ	er		•				
Attorney		Self							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	_	dependent child of	of a lobbyist?						
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event fisted in Section 31?									
If yes, list Event # Cash Personal Check  Money Order X Credit/Debit Card	09/	19/2013	\$50.00		\$50.00				
T. W	Б			L	Louis B"				
Last Name Fredericks	First	Jeanne		MI M	Contribution ID #				
Residential Street Address	City	Jeanne		State	Zip Code				
221 Benedict Hill Rd	City	New Canaan		CT	06840				
Principal Occupation		Name of Employ	er	<u> </u>	1 000 10				
Literary Agent			e Fredericks Literary Agency	, Inc.					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X  No			obbyist, spouse, or		unt of Contribution				
Yes 🔼 No	)	dependent child of	-						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event risted in Section 31?									
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	09/	19/2013	\$375.00		\$375.00				
				l					
Last Name	First	Maala.		MI C	Contribution ID #				
Fredericks Residential Street Address	City	Wesley		State	0091 Zip Code				
221 Benedict Hill Rd	City	New Canaan		CT	06840				
Principal Occupation		Name of Employ	er	<u> </u>	1 00040				
Attorney			r & Block, LLC						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	or a roodyrst?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
Tundraising event insect in Section 71:									
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	09/	19/2013	\$375.00		\$375.00				

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	ĺ	TYPE OF REPORT						
Boucher For CT			October 10 Filing - Original						
B. Itemized Contributions from	m Inc	lividuals	•						
Last Name	First			MI	Contribution ID #				
Starr		Adam			0092				
Residential Street Address	City			State	Zip Code				
126 Gulfside Dr		Isla Morada		FL	33036				
Principal Occupation		Name of Employ	er						
Investment Mar.		Self							
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or  of a labbyist?  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative		dependent enna c	x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?  Yes  Cash  Personal Check									
X   No	09/	19/2013	\$375.00		\$375.00				
Last Name	First		•	MI	Contribution ID #				
Starr	11130	Judy		IVII	0093				
Residential Street Address	City	Judy		State	Zip Code				
126 Gulfside Dr		Isla Morada		FL	33036				
Principal Occupation		Name of Employ	er						
None		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	x No						
government the contract is with:  Is this contribution associated with a Method of contribution:  Method of contribution:	Data	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event # Cash X Personal Check  Money Order Credit/Debit Card	09/	19/2013	\$375.00		\$375.00				
Lad Norma	First	-		MI	Contribution ID #				
Last Name Meyer, III	FIISt	William		F	0094				
Residential Street Address	City	william		State	Zip Code				
3 St George Pl		Westport		СТ	06880				
Principal Occupation		Name of Employ	er						
Volunteering		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	^		obbyist, spouse, or  of a lobbyist?  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	U	dependent child of	or a robbyist:						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	l								
If yes, list Event # No Money Order Credit/Debit Card	09/	19/2013	\$75.00		\$75.00				
Last Name	First			MI	Contribution ID #				
Meyer		Carolyn			0095				
Residential Street Address	City			State	Zip Code				
3 St George Pl		Westport		СТ	06880				
Principal Occupation		Name of Employ	er						
None		Retire							
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?  Yes  Cash  Personal Check									
X No	09/	19/2013	\$25.00		\$25.00				

Page 28 of 73

I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT October 10 Filing - Original			
Boucher For CT October 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
McSweeney		Hella			0100	
Residential Street Address	City			State	Zip Code	
26 Chicken St		Wilton		СТ	06897	
Principal Occupation  Travel Consultant		Name of Employ Wilton	er n Center Travel, Ltd.			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or  of a lobbyist?  Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:		dependent enna (	x No			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?  Yes  Cash  Personal Check						
If yes, list Event # Cash Credit/Debit Card    Cash   Personal Check   No   Money Order   X   Credit/Debit Card	09/	21/2013	\$150.00		\$150.00	
Last Name	First			MI	Contribution ID #	
McSweeney		James			0101	
Residential Street Address	City			State	Zip Code	
26 Chicken St		Wilton		СТ	06897	
Principal Occupation		Name of Employ	er		•	
None		Retire	ed	-		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative		dependent child t	x No			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?  Yes  Cash  Personal Check						
If yes, list Event # Cash Credit/Debit Card	09/	21/2013	\$150.00		\$150.00	
Last Name	First			MI	Contribution ID #	
LaVoie		Diane			0133	
Residential Street Address	City			State	Zip Code	
2 Old Northfield Rd		Northfield		СТ	06778	
Principal Occupation		Name of Employ	er			
Teacher			Milford Public Schools			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No			
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions			
Tundraising event listed in Section 31?	l					
If yes, list Event # Cash Personal Check  Money Order X Credit/Debit Card	09/	21/2013	\$50.00		\$50.00	
Last Name	First			MI	Contribution ID #	
Iannuzzi		Francesca			0102	
Residential Street Address	City			State	Zip Code	
5810 Hammock Isles Dr		Naples		FL	34119	
Principal Occupation		Name of Employ	er			
None		None				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative		-	x <sub>No</sub>			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1		
fundraising event listed in Section J1?						
If yes, list Event #	09/	24/2013	\$30.00		\$30.00	

Page 29 of 73

L 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	m Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Iannuzzi		Maria			0103				
Residential Street Address	City			State	Zip Code				
241 Mooreborough Dr		Bowling Gree	en	KY	42103				
Principal Occupation		Name of Employ	er						
None		None							
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of  Executive Legislative		dependent chira (	x No						
government the contract is with:  Is this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
x No Cash Personal Check	09/	24/2013	\$30.00		\$30.00				
If yes, list Event #	03/	24/2013	\$30.00		<del></del>				
Last Name	First			MI	Contribution ID #				
Anderson, Jr.		Carl		G	0104				
Residential Street Address	City			State	Zip Code				
776 Brownsville Rd		Sinking Sprir	ng	PA	19608				
Principal Occupation		Name of Employ			ļ.				
Private Investor		Self							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution				
	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
iundraising event listed in Section J1?									
If yes, list Event # Cash Cash Personal Check  Money Order Credit/Debit Card	09/	24/2013	\$375.00		\$375.00				
I Honey order	<u> </u>								
Last Name	First			MI	Contribution ID #				
Anderson		Deborah		В	0105				
Residential Street Address	City			State	Zip Code				
776 Brownsville Rd	<u> </u>	Sinking Sprir	-	PA	19608				
Principal Occupation		Name of Employ	er						
Homemaker		None							
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	о	dependent child of	obbyist, spouse, or  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Dute	110001100	riggregate contributions						
X No Cash X Personal Check	09/	24/2013	\$375.00		\$375.00				
If yes, list Event #	ĺ	,	·						
Last Name	First			MI	Contribution ID #				
Ketcham		Natalie		Т	0106				
Residential Street Address	City			State	Zip Code				
56 Wagon Wheel Rd		Redding		СТ	06896				
Principal Occupation		Name of Employ	er						
Chief Elected Official		Town	of Redding						
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		acpendent ennu (	x No						
government the contract is with:    Executive		D							
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	00.7	24/2012	#27F 00		#27E 00				
If yes, list Event # Money Order Credit/Debit Card	09/.	24/2013	\$375.00	1	\$375.00				

Page 30 of 73

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	m Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Iannuzzi		Elise			0107				
Residential Street Address	City			State	Zip Code				
389 Highland Ave Apt 1		Somerville		MA	02144				
Principal Occupation		Name of Employ	er						
Student		None							
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Yes  Cash  Personal Check									
X No	09/	24/2013	\$375.00		\$375.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
LaMonica		Angelo		J	0108				
Residential Street Address	City			State	Zip Code				
222 E Elm St	<u> </u>	Torrington		СТ	06790				
Principal Occupation		Name of Employ	er						
None  Is contributor a principal of a state contractor or prospective state contractor?		Self	obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	dependent child of	Vac	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash X Personal Check	09/	24/2013	\$300.00		\$300.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Argyris		Steven		G	0109				
Residential Street Address	City			State	Zip Code				
5178 Parkridge Dr	<u> </u>	Oakland		CA	94619				
Principal Occupation		Name of Employ							
Administrator			obbyist spouse or	A					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	dependent child of	V	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Yes  Cash  Regresonal Check									
X No	09/	24/2013	\$250.00		\$250.00				
Last Name	First			MI	Contribution ID #				
Iannuzzi		Vincent			0110				
Residential Street Address	City	Nami		State	Zip Code				
5810 Hammock Isles Dr Principal Occupation	L	Naples Name of Employ	or	FL	34119				
Pools/Construction			mployed						
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No.			obbyist, spouse, or	Amou	unt of Contribution				
	0	dependent child of	a loodyist?						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	09/	24/2013	\$150.00		\$150.00				

I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT October 10 Filing - Original				
Boucher For CT			Ostober 10 Tilling Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Ashman		Bonnie		_	0111
Residential Street Address	City	14/ t t		State	Zip Code
153 Bayberry Ln Principal Occupation		Westport Name of Employ	or	СТ	06880
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or  Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?		
government the contract is with:	D.	D : 1			
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	09/2	24/2013	\$100.00		\$100.00
If yes, list Event #		,			
Last Name	First			MI	Contribution ID #
Boucher		Scott		D	0112
Residential Street Address	City			State	Zip Code
138 Summerbrook Ln	L	Mooresville		NC	28117
Principal Occupation  Machine Tool Mechanic		Name of Employ Sieme			
			obbyict chause or	Amou	ant of Contribution
Yes X No	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Sociated with a Yes Method of contribution:	Date	Received	Aggregate Contributions		
rundraising event listed in Section 31?					
If yes, list Event # Cash Cash Personal Check  Money Order Credit/Debit Card	09/2	24/2013	\$100.00		\$100.00
					La .a
Last Name Conway	First	Sarah		MI E	Contribution ID # 0113
Residential Street Address	City	Jaiaii		State	Zip Code
200 Westmont		West Hartfor	d	CT	06117
Principal Occupation		Name of Employ	er		
Student		None			
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No	0		obbyist, spouse, or  of a lobbyist?  Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child of	I a loooyist:		
government the contract is with:  Executive Legislative		D 1 1			
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	09/2	24/2013	\$100.00		\$100.00
If yes, list Event #		,			
Last Name	First			MI	Contribution ID #
Curtiss		Annemarie			0114
Residential Street Address	City			State	Zip Code
190 Hollow Rd	<u> </u>	Watertown		СТ	06795
Principal Occupation		Name of Employ	er		
None  Is contributor a principal of a state contractor or prospective state contractor?		None Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	о	dependent child of	Vac	111100	in or commount
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?  Yes  Cash  Personal Check					
X No Cash Personal Check  If yes, list Event # Cash Order Credit/Debit Card	09/2	24/2013	\$100.00		\$100.00

I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT October 10 Filing - Original					
Boucher For CT October 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Iannuzzi		Carol		J	0115	
Residential Street Address	City			State	Zip Code	
77 McBride Rd		Litchfield		СТ	06759	
Principal Occupation  Retired		Name of Employ Retire				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution	
	0	dependent child of	of a lobbyist?			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>			
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?    X   No		0.4/0.4.0	4400.00			
If yes, list Event # Money Order Credit/Debit Card	09/	24/2013	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Iannuzzi		Donna		D	0116	
Residential Street Address	City			State	Zip Code	
680 Barnes Rd		Wallingford		СТ	06492	
Principal Occupation		Name of Employ	er	-	•	
Retired		Retire	ed			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of		dependent enna e				
government the contract is with:  Is this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contributions			
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
X No Cash X Personal Check	09/	24/2013	\$100.00		\$100.00	
If yes, list Event#		,	,			
Last Name	First			MI	Contribution ID #	
Iannuzzi		Louis		N	0117	
Residential Street Address	City			State	Zip Code	
15 Upton St	<u> </u>	Staten Island		NY	10304	
Principal Occupation		Name of Employ	er			
None Is contributor a principal of a state contractor or prospective state contractor?		None Is contributor at	obbyist, spouse, or	Amou	ant of Contribution	
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child of		Amou	iit of Contribution	
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>			
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions			
Tundraising event listed in Section 31?						
If yes, list Event # Cash Cash Personal Check  Money Order Credit/Debit Card	09/	24/2013	\$100.00		\$100.00	
	L .					
Last Name Iannuzzi	First	Pasquale		MI R	Contribution ID # 0118	
Residential Street Address	City	Pasquale		State	Zip Code	
77 McBride Rd	City	Litchfield		CT	06759	
Principal Occupation		Name of Employ	er			
Retired		Retire	ed			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of	0	dependent child of	a loodyist?			
government the contract is with:			x <sub>No</sub>			
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions			
X No Cash X Personal Check	00.	24/2012	#100 00		¢100.00	
If yes list Event # No Money Order Credit/Debit Card	1 09/	24/2013	\$100.00	1	\$100.00	

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Boucher For CT			October 10 Filing - Original						
B. Itemized Contributions from	m Inc	lividuals							
Last Name	First			MI	Contribution ID #				
Iannuzzi		Pasqualina			0119				
Residential Street Address	City			State	Zip Code				
639 Amity Rd		Woodbridge		СТ	06525				
Principal Occupation	-	Name of Employ	er	•	•				
None		None							
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?						
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	ł					
fundraising event listed in Section J1?	Dute	110001100	riggiogate contributions						
X No	09/	24/2013	\$100.00		\$100.00				
if yes, list Event #	ļ			Ь					
Last Name	First			MI	Contribution ID #				
LaFond		James		F	0120				
Residential Street Address	City			State	Zip Code				
3483 Gulf Shore Blvd N # 304		Naples		FL	34103				
Principal Occupation		Name of Employ	er						
None		None							
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	Is contributor a l dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?									
X No Cash X Personal Check	09/	24/2013	\$100.00		\$100.00				
If yes, list Event #				<u> </u>					
Last Name	First			MI	Contribution ID #				
Rosenberg		Allen			0121				
Residential Street Address	City			State	Zip Code				
24 Wicks End Ln		Wilton		СТ	06897				
Principal Occupation		Name of Employ	er						
Advertising/Marketing			Employed						
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	ınt of Contribution				
If yes indicate which branch or branches of		dependent ennu (	x No						
government the contract is with:  Is this contribution associated with a Method of contribution:  Method of contribution:	D-4-	Received							
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	09/	24/2013	\$100.00		\$100.00				
If yes, list Event #	03/	24/2013	¥100.00		Ψ100.00				
Last Name	First			MI	Contribution ID #				
Ruskewich		Alex			0122				
Residential Street Address	City			State	Zip Code				
22 Calvin Rd		Wilton		СТ	06897				
Principal Occupation		Name of Employ	er						
Retired		IBM							
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of  government the contract is with:  Executive Legislative			X No						
government the contract is with:  Is this contribution associated with a Method of contribution:	Data	Received	Aggregate Contributions	-					
fundraising event listed in Section J1?	Date	10001700	1.5510Bate Contributions						
X No Cash X Personal Check	09/	24/2013	\$100.00		\$100.00				
If yes, list Event #	1	,	Ψ100.00		T = 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	m Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Snedeker		James		Р	0123				
Residential Street Address	City			State	Zip Code				
5 Linden Tree Rd		Wilton		СТ	06897				
Principal Occupation		Name of Employ	er						
Data for Law Enforcement			Group						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	Is contributor a l dependent child of	obbyist, spouse, or  of a lobbyist?  Yes	Amou	ınt of Contribution				
If yes, indicate which branch or branches of  Executive Legislative		черением сппи	No No						
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash X Personal Check	09/	24/2013	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Wanamaker		Roger		D	0124				
Residential Street Address	City			State	Zip Code				
17 Skunk Ln		Wilton		СТ	06897				
Principal Occupation		Name of Employ	er						
Retired		Retire		1					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent ennu (							
government the contract is with:  Is this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	ng/	24/2013	\$100.00		\$100.00				
If yes, list Event #	03/	24/2013	Ψ100.00		ψ100.00				
Last Name	First			MI	Contribution ID #				
Bielawa		Henry		w	0125				
Residential Street Address	City			State	Zip Code				
18 Rockledge		West Reddin	g	СТ	06896				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child t	x No						
government the contract is with:  Executive Legislative		P : 1							
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	ng/	24/2013	\$50.00		\$50.00				
If yes, list Event #	05/	24/2013	\$50.00		430.00				
Last Name	First			MI	Contribution ID #				
Dunn		Clara			0126				
Residential Street Address	City			State	Zip Code				
54 Horseshoe Rd		Wilton		СТ	06897				
Principal Occupation		Name of Employ	er	-	•				
Retired		None							
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of  Executive Legislative			x No						
Is this contribution associated with a Mathod of contribution.	Data	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	ACCUIVEU	regregate Continutions						
X No Cash X Personal Check	09/	24/2013	\$50.00		\$50.00				
If yes, list Event # Money Order	I '	• -	1	I	•				

Page 35 of 73

L 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	First			MI	Contribution ID #				
Dunn		Franklin		R	0127				
Residential Street Address	City			State	Zip Code				
54 Horseshoe Rd	<u> </u>	Wilton		СТ	06897				
Principal Occupation		Name of Employ	er						
Retired  Is contributor a principal of a state contractor or prospective state contractor?		None Is contributor at	obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	dependent child of	Voc	Alliot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
tundraising event instead in Section 31:									
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	09/	24/2013	\$50.00		\$50.00				
				l	1				
Last Name	First			MI	Contribution ID #				
Furrer Residential Street Address	City	Elizabeth		Ct-t-	0128 Zip Code				
40 Seventy Acre Rd	City	Podding		State CT	06896				
Principal Occupation	<u> </u>	Redding  Name of Employ	er	CI	00090				
Realtor			vell Banker						
			obbyist, spouse, or	Amou	ant of Contribution				
Yes X No	0	dependent child of	obbyist, spouse, or Yes Yes						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tunidialising event listed in Section 71:									
If yes, list Event # Cash Cash Personal Check  Money Order Credit/Debit Card	09/	24/2013	\$25.00		\$25.00				
				! 					
Last Name	First			MI	Contribution ID #				
Furrer Residential Street Address	City	Urs		B State	0129 Zip Code				
40 Seventy Acre Rd	City	Redding		CT	06896				
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	1 00030				
Attorney		Self							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	3	dependent child of	or a roodyrst?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	09/.	24/2013	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Lindberg		Eric			0135				
Residential Street Address	City			State	Zip Code				
11 Buena Vista Dr		Greenwich		СТ	06831				
Principal Occupation		Name of Employ	er		•				
Banker		Goldn	nan Sachs						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or  of a lobbyist?  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		acpendent child (	x No						
government the contract is with:  Legislative  Legislative	Б.	D i 4							
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	09/	24/2013	\$375.00		\$375.00				
If yes, list Event # Money Order X Credit/Debit Card	I 35/	, _013	Ψ3/3.00	l	45.5.00				

Page 36 of 73

I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT October 10 Filing - Original			
Boucher For CT October 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Iannuzzi		Jennifer			0134	
Residential Street Address	City			State	Zip Code	
17 Woodside Dr	ļ.,	North Haven Name of Employ	ON .	СТ	06473	
Principal Occupation  Admin		HSOM				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?			
government the contract is with:  Executive Legislative		D : 1				
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions			
X No Cash Personal Check	09/	25/2013	\$50.00		\$50.00	
If yes, list Event # Money Order X Credit/Debit Card	05/	23,2013	Ψ30.00			
Last Name	First			MI	Contribution ID #	
Manna		Sandra		М	0130	
Residential Street Address	City			State	Zip Code	
97 Country Club Rd		Middlebury		СТ	06762	
Principal Occupation		Name of Employ	er			
None Is contributor a principal of a state contractor or prospective state contractor?		None Is contributor at	obbyist, spouse, or	Amou	ant of Contribution	
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	о	dependent child of	Vac	Amou	nt of Contribution	
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>			
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?  Yes  Cash  Personal Check						
If yes, list Event # Cash Credit/Debit Card	09/	26/2013	\$200.00		\$200.00	
Last Name	First			MI	Contribution ID #	
Noonan Residential Street Address	City	John		D State	0131 Zip Code	
176 North St	City	Ridgefield		CT	06877	
Principal Occupation		Name of Employ	er	C1	00077	
Retired		Retire				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or  of a lobbyist?  Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of	0	dependent child of				
government the contract is with:  Executive Legislative			x <sub>No</sub>			
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions			
X No Cash X Personal Check	00/	26/2013	\$100.00		\$100.00	
If yes, list Event #	09/.	20/2013	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Weiland		Juliette		М	0132	
Residential Street Address	City			State	Zip Code	
7905 Tottenham Ct	<u> </u>	Waxhaw		NC	28173	
Principal Occupation		Name of Employ				
Public Relations and Marketing			iland, Slice & Co., LLC	A		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	о	dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative		-	x <sub>No</sub>			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
If yes, list Event # Cash X Personal Check  No Money Order Credit/Debit Card	09/	26/2013	\$100.00		\$100.00	

Page 37 of 73

L MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(	,	TYPE OF REPORT		
Boucher For CT			October 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Clark		Harold			0136
Residential Street Address	City			State	Zip Code
28 Wilton Crst		Wilton		СТ	06897
Principal Occupation		Name of Employ			
Executive			east Radiology		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No	09/2	27/2013	\$150.00		\$150.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Simpson		Keith		E	0155
Residential Street Address	City			State	Zip Code
2 Wardwell Dr		New Canaan		СТ	06840
Principal Occupation		Name of Employ			
Landscape Architect			E. Simpson Associates	A	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			1.99.18		
X No Cash X Personal Check	09/2	27/2013	\$375.00		\$375.00
If yes, list Event #		,	·		·
Last Name	First			MI	Contribution ID #
Raposo		Jessica			0137
Residential Street Address	City			State	Zip Code
513 S B St		Richmond		IN	47374
Principal Occupation		Name of Employ	er		
college professor			na University East		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Duite	10001100	1.66. egate controlations		
X No Cash Personal Check	09/2	29/2013	\$150.00		\$150.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Boucher		Paul			0138
Residential Street Address	City			State	Zip Code
4074 SW Lakewood Dr		Palm City		FL	34990
Principal Occupation		Name of Employ			
Business Owner/President			national Wholesale Tile		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date		op-ogate continuations		
X No Cash Personal Check  If yes, list Event # Money Order X Credit/Debit Card	09/2	29/2013	\$375.00		\$375.00
If yes, list Event #	ı			1	

Page 38 of 73

	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 First MI Contribution	ID#							
Polselli Denice 0139								
Residential Street Address City State Zip Code								
4074 SW Lakewood Dr Palm City FL 34990								
Principal Occupation  Name of Employer  Linicorn HP Conculting LLC								
Business Owner/President Unicorn HR Consulting, LLC  Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or Amount of Contributor a lobbyist is pouse, or Amount of Contributor a lobbyist is pouse.	rion							
Yes X No dependent child of a lobbyist? Yes								
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative								
Is this contribution associated with a Method of contribution: Date Received Aggregate Contributions								
Cash Personal Check								
If yes, list Event # Personal Check O9/29/2013 \$375.00 \$375.00								
	ID //							
Last Name First MI Contribution  Brault Ronald 0140	. ID #							
Residential Street Address City State Zip Code								
125 Chicken St Wilton CT 06897								
Principal Occupation Name of Employer								
Financial Advisor Financial Strategies								
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No Is contributor a lobbyist, spouse, or Amount of Contributor a lobbyist, spouse, or Amount of Contributor a lobbyist spouse, or Amount of Contributor a lobbyist spouse, or Amount of Contributor a lobbyist spouse, or Is contributor a lobbyist spouse, or	ion							
If yes, indicate which branch or branches of								
government the contract is with:  Legislative  Legislative								
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Date Received Aggregate Contributions								
Personal Check 00/20/2013 #20.00								
If yes, list Event # Money Order X Credit/Debit Card 99/29/2013 \$20.00								
Last Name First MI Contribution	ID#							
Lindner Aileen 0141								
Residential Street Address City State Zip Code								
38 Saddle Ridge Rd Wilton CT 06897								
Principal Occupation Name of Employer								
None    None   None								
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Amount of Contributor a principal of a state contractor or prospective state contractor?  Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	ion							
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative								
Is this contribution associated with a Method of contribution: Date Received Aggregate Contributions								
fundraising event listed in Section J1? Yes Cash Personal Check								
If yes, list Event # Personal Check O9/29/2013 \$20.00 \$20.00								
Landing First	ID#							
Last Name First MI Contribution  Escalante Rudy 0142	. ID#							
Residential Street Address City State Zip Code								
54 Saddle Ridge Rd Wilton CT 06897								
Principal Occupation Name of Employer								
Management ICSA Software								
Is contributor a principal of a state contractor or prospective state contractor?	ion							
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Amount of Contributor a principal of a state contractor or prospective state contractor?  Yes	ion							
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:  Legislative  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  Amount of Contributor a principal of a state contractor or prospective state contractor?  Legislative  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  Amount of Contributor a principal of a state contractor or prospective state contractor?  Yes  Amount of Contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  Anount of Contributor a principal of a state contractor or prospective state contractor?  Yes  Amount of Contributor a lobbyist, spouse, or dependent child of a lobbyist?	ion							
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of  Fracutive  Legislative  Amount of Contributor a lobbyist, spouse, or dependent child of a lobbyist?  X No	10n							

Page 39 of 73

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	First			MI	Contribution ID #		
Berenbaum		Diane			0169		
Residential Street Address	City			State	Zip Code		
54 Saddle Ridge Rd	L	Wilton		СТ	06897		
Principal Occupation		Name of Employ					
Management			nunico LTD	A	unt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	o	dependent child of	obbyist, spouse, or	Amou	int of Contribution		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>				
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
tundraising event instead in Section 31:							
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	09/2	29/2013	\$100.00		\$100.00		
	l						
Last Name	First			MI	Contribution ID #		
Corridon		James			0170		
Residential Street Address	City	AAPH.		State	Zip Code		
62 Washington Post Dr	<u> </u>	Wilton  Name of Employ	or.	СТ	06897		
Principal Occupation  Realtor		Retire					
				Amou	unt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	dependent child of	Vac				
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?  Yes  Cash  Personal Check							
If yes, list Event # Cash Personal Check  Money Order X Credit/Debit Card	09/2	29/2013	\$50.00		\$50.00		
Last Name	First	AAPH!		MI	Contribution ID #		
Bendix Residential Street Address	City	William		Ct-t-	0171		
112 Borglum Rd	City	Wilton		State CT	Zip Code 06897		
Principal Occupation	<u> </u>	Name of Employ	er	Ci	00037		
Attorney		Self					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution		
Yes 🔼 No	0	dependent child of	•				
If yes, indicate which branch or branches of government the contract is with:			x No				
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
Tundraising event listed in Section 31?							
If yes, list Event # Cash Personal Check  Money Order X Credit/Debit Card	09/2	29/2013	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Bendix	First	Mary		IVII	0172		
Residential Street Address	City	riui y		State	Zip Code		
112 Borglum Rd		Wilton		СТ	06897		
Principal Occupation		Name of Employ	er				
Sales		Self					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of		dependent child of	or a robbyist?				
government the contract is with:			X No				
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions				
X No Cash Personal Check	00.	20/2012	#100.00		¢100.00		
If yes, list Event # Money Order X Credit/Debit Card	1 09/	29/2013	\$100.00		\$100.00		

Page 40 of 73

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	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Harakas		Donna			0173			
Residential Street Address	City			State	Zip Code			
782 Ridgefield Rd		Wilton		СТ	06897			
Principal Occupation		Name of Employ	er					
Homemaker		None	-11	A	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of	obbyist, spouse, or of a lobbyist?	Amot	int of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
tundraising event instead in Section 31:								
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	09/2	29/2013	\$50.00		\$50.00			
				l	1			
Last Name	First			MI	Contribution ID #			
Harakas Residential Street Address	City	Andrew		State	0174 Zip Code			
782 Ridgefield Rd	City	Wilton		CT	06897			
Principal Occupation		Name of Employ	er	Ci	00037			
Attorney			&Co, LLP					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
	)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
initialising event instead in Section 71:								
If yes, list Event # Cash Cash Personal Check  Money Order X Credit/Debit Card	09/2	29/2013	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
De Simone	1 1150	Roseann		1411	0175			
Residential Street Address	City			State	Zip Code			
8 Tall Oaks Rd		Wilton		СТ	06897			
Principal Occupation		Name of Employ	er		•			
Registered Nurse/Health Educator		Wilton	n Public Schools					
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent enna (	x No					
government the contract is with:  Is this contribution associated with a Method of contribution:	Data	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	09/2	29/2013	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
De Simone		John			0176			
Residential Street Address	City			State	Zip Code			
8 Tall Oaks Rd		Wilton		СТ	06897			
Principal Occupation		Name of Employ						
Accountant  Is contributor a principal of a state contractor or prospective state contractor?		WB&C	-11	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	Vac	7 tinot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Yes  Yes  Cash  Personal Check								
X No	09/	29/2013	\$100.00		\$100.00			

I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  October 10 Filing - Original					
Boucher For CT October 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Gardner		Clementina		<u> </u>	0177
Residential Street Address	City			State	Zip Code
59 Heather Ln Principal Occupation	ļ.,	Wilton  Name of Employe	ON .	СТ	06897
Registrar of Voters			of Wilton, CT		
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of  Executive Legislative		dependent child of	x No		
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			1-88-18-10		
If yes, list Event # Cash Personal Check  Money Order X Credit/Debit Card	09/	29/2013	\$20.00		\$20.00
Last Name	First			MI	Contribution ID #
Mecozzi		Barbara			0178
Residential Street Address	City			State	Zip Code
16 Sunset Pass		Wilton		СТ	06897
Principal Occupation		Name of Employe	er		
Teacher			n Public School		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  Yes	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?  Yes  Cash  Personal Check					
If yes, list Event # Cash Credit/Debit Card	09/	29/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Poundstone		Sally			0179
Residential Street Address	City			State	Zip Code
48 Sharp Hill Rd	<u> </u>	Wilton		СТ	06897
Principal Occupation		Name of Employe			
Retired		Retire		Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child o	Vac	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check  Money Order X Credit/Debit Card	09/	29/2013	\$200.00		\$100.00
Last Name	First			MI	Contribution ID #
Mecozzi		Gary			0180
Residential Street Address	City			State	Zip Code
16 Sunset Pass	<u> </u>	Wilton		СТ	06897
Principal Occupation		Name of Employe			
Police Inspector			Attorney's Office		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	о	dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		-	x <sub>No</sub>		
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes, list Event # Cash Personal Check    Money Order   X   Credit/Debit Card	09/	29/2013	\$100.00		\$100.00

I. MONETARY RECEIPT	S (Se	ection A-I)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Boucher For CT October 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Drummond		Donald		J	0181
Residential Street Address	City			State	Zip Code
2 Horseshoe Rd	<u> </u>	Wilton		СТ	06897
Principal Occupation  Retired		Name of Employ Retire			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	00/	29/2013	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	03/.	29/2013	\$100.00		ş100.00 
Last Name	First			MI	Contribution ID #
Poundstone		Sally			0182
Residential Street Address	City			State	Zip Code
48 Sharp Hill Rd	<u>L</u>	Wilton		СТ	06897
Principal Occupation		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No	09/2	29/2013	\$200.00		\$100.00
ii yes, iist Event #					
Last Name	First			MI	Contribution ID #
McCafferty		Anita			0183
Residential Street Address 705-3 Lake Ave	City	Bristol		State CT	Zip Code 06010
Principal Occupation	<u> </u>	Name of Employ	er	CI	06010
Risk Manager			Capital		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No			obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	О	dependent child of			
government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section J1?  Wethod of contribution:  Yes	Date	Received	Aggregate Contributions		
X No Cash Personal Check	00/	20/2012	+400.00		+100.00
If yes, list Event # Money Order X Credit/Debit Card	09/.	29/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Bruschi		Charles			0184
Residential Street Address	City			State	Zip Code
12 Woodway Ln		Wilton		СТ	06897
Principal Occupation		Name of Employ	er		
Finance			n Solutions America		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X   No	09/2	29/2013	\$50.00		\$50.00

Page 43 of 73

I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  Boucher For CT			TYPE OF REPORT October 10 Filing - Original		
Boucher For C1					
B. Itemized Contributions from	n Ind	lividuals		_	
Last Name	First			MI	Contribution ID #
Serenbetz		Warren			0185
Residential Street Address	City			State	Zip Code
165 Signal Hill Rd		Wilton  Name of Employe		СТ	06897
Principal Occupation  Investment Management			er ff Group, Inc.		
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or  See tablesise2	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No		
government the contract is with:  In this containation associated with a Mathed of containation.	Date	Received	Aggregate Contributions	_	
fundraising event listed in Section J1?			1-88-48-4		
If yes, list Event # Cash Personal Check    Cash   Personal Check   Money Order   X Credit/Debit Card	09/	29/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Rogers	11130	Susan		1411	0186
Residential Street Address	City			State	Zip Code
5 Gard Ct		Greenwich		СТ	06831
Principal Occupation		Name of Employ	er	•	•
Consultant		Green	wich		
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or Ye	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent child o	at a lobbyist?		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?  Yes  Cash  Personal Check					
If yes, list Event # Cash Credit/Debit Card	09/	29/2013	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Bodson		Michael			0187
Residential Street Address	City			State	Zip Code
2 Indian Knoll Pl		Greenwich		СТ	06831
Principal Occupation		Name of Employe			
Financial Services			sitory Trust & Clearing Corp		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	obbyist, spouse, or  If a lobbyist?  Ye	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event #    X   No	09/	30/2013	\$150.00		\$150.00
I ov	Б			1	C C C D "
Last Name Torrano	First	Peter		MI	Contribution ID # 0188
Residential Street Address	City	retei		State	Zip Code
104 Dry Hill Rd	City	Norwalk		CT	06851
Principal Occupation		Name of Employe	er	1	
Retired		None			
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a le	obbyist, spouse, or  of a lobbyist?  Ye	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
tundraising event listed in Section 31?					
If yes list Event # Cash Credit/Debit Card	09/	30/2013	\$100.00		\$100.00

I. MONETARY RECEIPT	S (Se	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  Boucher For CT			TYPE OF REPOR' October 10 Filing - Origina			
Boucher For C1						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Hess		Debra			0189	
Residential Street Address	City			State	Zip Code	
4 Kensington Ct	L	Old Greenwic		СТ	06870	
Principal Occupation Finance		Name of Employer North	er Star Realty Finance			
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a le	obbyist, spouse, or	Yes Amo	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative		dependent cinia o		No		
government the contract is with:  In this containation associated with a Mathed of containation.	Date	Received	Aggregate Contributions	_		
fundraising event listed in Section J1?						
If yes, list Event # Cash Personal Check  Money Order X Credit/Debit Card	09/3	30/2013	\$50.00		\$50.00	
Last Name	First			MI	Contribution ID #	
Rowella, Jr.	1 1150	Frank		A	0190	
Residential Street Address	City	-		State	Zip Code	
57 North St		Ridgefield		СТ	06877	
Principal Occupation		Name of Employ	er	-	•	
Financial Advisor		Reyno	olds & Rowella, LLP			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Yes	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:		dependent child o	· –	No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	$\neg$		
tundraising event listed in Section J1?    Cash   Personal Check	09/	30/2013	\$250.00		\$250.00	
If yes, list Event # Money Order X Credit/Debit Card	05/	30,2013	4230.00		Ψ230.00	
Last Name	First			MI	Contribution ID #	
LaSala		Andrew			0191	
Residential Street Address	City			State	Zip Code	
41 Ruscoe Rd		Wilton		СТ	06897	
Principal Occupation  Builder		Name of Employ	<sub>er</sub> nerview Development Gro	un		
			·	<del></del>	unt of Contribution	
Yes A No	)	dependent child of	of a lobbyist?	Yes		
If yes, indicate which branch or branches of government the contract is with:			<b>x</b> 1	No		
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions			
If yes, list Event # Cash Personal Check  Money Order X Credit/Debit Card	09/:	30/2013	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Young	FIISt	Penelope		MII	Contribution ID # 0192	
Residential Street Address	City	генеюре		State	Zip Code	
52 Indian Rock Rd	City	New Canaan		CT	06840	
Principal Occupation		Name of Employ	er			
Homemaker		None				
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a le	obbyist, spouse, or if a lobbyist?	Yes	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:			<b>x</b> 1	No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	7		
tundraising event listed in Section 31?						
If yes list Event # Cash Credit/Debit Card	09/3	30/2013	\$100.00		\$100.00	

Page 45 of 73

I. MONETARY RECEIPT	S (Se	ection 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	First			MI	Contribution ID #			
Macdonald		Bruce			0193			
Residential Street Address	City			State	Zip Code			
99 Twin Oak Ln	Ļ.,	Wilton		СТ	06897			
Principal Occupation		Name of Employ						
Financial Analyst  Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution			
is contributor a principal of a state contractor or prospective state contractor?  Yes  No	о	dependent child of	Voc	7111100	ant of Controllion			
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event fisted in Section 31?								
If yes, list Event # Cash Credit/Debit Card	09/3	30/2013	\$100.00		\$100.00			
Last Name	First	Na		MI	Contribution ID #			
May Residential Street Address	City	Nancy		State	0194 Zip Code			
6 Old Dimon Rd	City	Redding		CT	06896			
Principal Occupation	Ь	Name of Employ	er	Ci	00090			
Board Governance			Bench Companies					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist? Yes					
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Dute	10001100	riggregate controlations					
If yes, list Event # Cash Personal Check    Money Order   X Credit/Debit Card	09/3	30/2013	\$100.00		\$100.00			
if yes, list event #								
Last Name	First			MI	Contribution ID #			
Healy		J. Casey			0195			
Residential Street Address	City	Men		State	Zip Code			
38 Blueberry Hill Pl	<u> </u>	Wilton	or.	СТ	06897			
Principal Occupation  Attorney		Name of Employ	ory and Adams, P.C.					
·		_	obbyist, spouse, or	Amou	ınt of Contribution			
Yes A No	0	dependent child of						
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event fisted in Section 31?								
If yes, list Event # Cash Credit/Debit Card    Cash   Personal Check	09/3	30/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Sweeney		John			0196			
Residential Street Address	City			State	Zip Code			
19 Lawson Ln	L,	Ridgefield		CT	06877			
Principal Occupation		Name of Employ						
Consultant  Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ınt of Contribution			
Yes X No	0	dependent child of	of a lobbyist?	Amou	or Controllion			
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event fisted in Section 31?								
If yes, list Event # Cash Credit/Debit Card	09/3	30/2013	\$100.00		\$100.00			

Page 46 of 73

I. MONETARY RECEIPTS (Section A-I)								
	5 (5)	ection A-I)	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	First			MI	Contribution ID #			
McCafferty		Jason			0197			
Residential Street Address	City			State	Zip Code			
46 Ledgewood Dr		Hanover		MA	02339			
Principal Occupation		Name of Employ	er					
Sales		Yahoo	)					
			abbreigt anguag or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No.	)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
	Date	Received	Aggregate Contributions					
s this contribution associated with a fundraising event listed in Section J1?								
X No Cash Personal Check	09/	30/2013	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card			7=					
Last Name	First			MI	Contribution ID #			
Lynch	1 1100	Christopher			0198			
Residential Street Address	City	Christopher		State	Zip Code			
	City	Dunaldiald		1	06804			
9 Appleby Farm Rd		Brookfield		СТ	06804			
Principal Occupation		Name of Employ						
Real Estate			iRo Group					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna (						
government the contract is with:								
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Cash  Personal Check								
If yes, list Event # Cash Credit/Debit Card	09/	30/2013	\$250.00		\$250.00			
,								
Last Name	First			MI	Contribution ID #			
Carruthers		Linda			0199			
Residential Street Address	City			State	Zip Code			
58 Allwood Rd		Darien		СТ	06820			
Principal Occupation		Name of Employ	er	-				
Darien		Darie	n					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
	,	dependent child of	•					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section 31?								
If yes list Event # Cash Personal Check    Money Order   X Credit/Debit Card	09/	30/2013	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Tafuro		Kathryn			0200			
Residential Street Address	City			State	Zip Code			
106 W Meadow Rd		Wilton		CT	06897			
Principal Occupation		Name of Employ	er	L ~ .				
Homemaker		None	<del></del>					
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	Vac	Amou	in or Contribution			
If yes, indicate which branch or branches of  Executive  Legislative		- "	x <sub>No</sub>					
government the contract is with:	Б.	D i d		1				
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check		20/2012			+20.00			
If yes, list Event # Money Order X Credit/Debit Card	09/	30/2013	\$20.00		\$20.00			

Page 47 of 73

I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Boucher For CT October 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Likly		Bruce		М	0143			
Residential Street Address	City			State	Zip Code			
35 Hunting Ridge Ln	ļ.,	Wilton Name of Employ	ON .	СТ	06897			
Principal Occupation  Public Relations			c-Likly Comm					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution			
If yes, indicate which branch or branches of	O	dependent child of	of a lobbyist?					
government the contract is with:  Executive Legislative		D : 1	x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	09/	30/2013	\$100.00		\$100.00			
If yes, list Event #	05/	30,2013	<b>\$100.00</b>		<del></del>			
Last Name	First			MI	Contribution ID #			
Likly		Elizabeth		D	0144			
Residential Street Address	City			State	Zip Code			
35 Hunting Ridge Ln	<u> </u>	Wilton		СТ	06897			
Principal Occupation		Name of Employ						
Public Relations  Is contributor a principal of a state contractor or prospective state contractor?			c-Likly Comm obbyist, spouse, or	Amor	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child of	Voc	Amot	int of Contribution			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Yes  Cash  Personal Check								
If yes, list Event # Cash Cash Personal Check  Money Order Credit/Debit Card	09/	30/2013	\$100.00		\$100.00			
				l	r			
Last Name	First	Danathaa		MI	Contribution ID #			
Davatzes  Residential Street Address	City	Dorothea		A State	0145 Zip Code			
48 Mollbrook Dr	City	Wilton		CT	06897			
Principal Occupation		Name of Employ	er	<u> </u>				
Teacher		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or  of a lobbyist?  Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent child of	I a loooyist:					
government the contract is with:  Executive Legislative		D : 1	x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	09/	30/2013	\$300.00		\$300.00			
If yes, list Event #	,		4					
Last Name	First			MI	Contribution ID #			
Oliveri		Frank			0146			
Residential Street Address	City			State	Zip Code			
243 Chestnut Hill Rd		Wilton		СТ	06897			
Principal Occupation  Retired Fire Fighter		Name of Employ FDNY						
			abbriet enauge or	Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  N	о	dependent child of	Vac	1 111100	ant of Commount			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
Tundraising event fisted in Section 31?								
If yes, list Event # Cash Cash Personal Check  No Money Order Credit/Debit Card	09/	30/2013	\$150.00		\$150.00			

Page 48 of 73

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	First			MI	Contribution ID #			
Boucher		Chris			0147			
Residential Street Address	City			State	Zip Code			
5 Wicks End Ln		Wilton		СТ	06897			
Principal Occupation		Name of Employ	er					
Teacher			/isions Charter High School	•				
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent cinia (	Í					
government the contract is with:	Dete	D i d						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	00/	30/2013	\$100.00		\$100.00			
If yes, list Event # Money Order Credit/Debit Card	09/.	30/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Boucher	1 1150	Courtney		v	0148			
Residential Street Address	City	courtiney		State	Zip Code			
5 Wicks End Ln		Wilton		СТ	06897			
Principal Occupation		Name of Employ	er		1			
Mother/Homemaker		None						
		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Yes  Cash  Regresonal Check								
X No	09/3	30/2013	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Cotton		Andrea		С	0149			
Residential Street Address	City			State	Zip Code			
41 Pine Mountain Rd		Redding		СТ	06896			
Principal Occupation		Name of Employ	er					
Consultant		Colun	nbia Group					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with:    Executive			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check		20/2012						
If yes, list Event #	09/.	30/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Romano	First	John		C	0150			
Residential Street Address	City	JOINI		State	Zip Code			
179B E Rocks Rd	City	Norwalk		CT	06851			
Principal Occupation	-	Name of Employ	er	C.	00031			
Swimming Pool Contractor			nerican Custom Pools and Sp	as				
			-1.1		unt of Contribution			
Yes X No	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Yes  Yes  The list of Continuous in Section J1?								
X No	09/3	30/2013	\$100.00		\$100.00			

Page 49 of 73

L. MONETARY RECEIPTS (Section A-I)  NAME OF COMMITTEE (Brazilla Complete Name of Printers desired society)  Type of Report											
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT October 10 Filing - Original								
Boucher For CT			October 10 Tilling - Original								
B. Itemized Contributions from	m Ind	lividuals									
Last Name	First			MI	Contribution ID #						
Bielawa		Claire		М	0151						
Residential Street Address	City			State	Zip Code						
18 Rockledge Rd Principal Occupation		West Redding		СТ	06896						
Retired		Retire									
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ınt of Contribution						
	0	dependent child of									
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>								
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions								
iundraising event listed in Section 31?											
If yes, list Event # Cash Cash Personal Check  Money Order Credit/Debit Card	09/	30/2013	\$50.00		\$50.00						
					Laurina						
Last Name Kien	First	Julian		MI M	Contribution ID # 0152						
Residential Street Address	City	Julian		State	Zip Code						
60 Whortleberry Rd	City	Redding		CT	06896						
Principal Occupation		Name of Employ	er								
Retired		None									
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution						
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?								
government the contract is with:			x No								
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions								
X No Cash X Personal Check	00/	30/2013	\$50.00		\$50.00						
If yes, list Event # Money Order Credit/Debit Card	09/.	30/2013	\$30.00		\$50.00 						
Last Name	First			MI	Contribution ID #						
Lener		Rita			0153						
Residential Street Address	City			State	Zip Code						
4 Ridge Dr		Westport		СТ	06880						
Principal Occupation	Name of Employer										
None		None									
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution						
If yes, indicate which branch or branches of Executive Legislative		1	x <sub>No</sub>								
government the contract of with	Date	Received	Aggregate Contributions								
fundraising event listed in Section J1?											
X No	09/	30/2013	\$25.00		\$25.00						
If yes, list Event #											
Last Name	First			MI	Contribution ID #						
Criswell		Beth			0154						
Residential Street Address	City	Metr		State	Zip Code						
337 Ridgefield Rd Principal Occupation	<u> </u>	Wilton  Name of Employ	or	СТ	06897						
Mom		None None	ei								
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution						
Yes X N	0	dependent child of	Vac								
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>								
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions								
Tundraising event fisted in Section 31?											
If yes, list Event # Cash Cash Personal Check  No Money Order Credit/Debit Card	09/	30/2013	\$20.00		\$20.00						

Page 50 of 73

I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT October 10 Filing - Original		
Boucher For CT			Cotobol 10 1 lilling Chightan		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Chirunomula		Rammurthy			0156
Residential Street Address	City			State	Zip Code
51 Wicks End Ln		Wilton		СТ	06897
Principal Occupation Physician		Name of Employ  AASC	er		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of	)	dependent child of	of a lobbyist?		
government the contract is with:  Executive Legislative		D 1 1		<u>'</u>	
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	09/	30/2013	\$300.00		\$300.00
If yes, list Event # Money Order Credit/Debit Card	03/	50,2015	Ψ300.00		<del></del>
Last Name	First			MI	Contribution ID #
Beebe		Bruce		Е	0157
Residential Street Address	City			State	Zip Code
350 Nod Hill Rd		Wilton		СТ	06897
Principal Occupation		Name of Employ	er		
None		None	obbyist, spouse, or	1 4	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child o	V.	S	int of Contribution
If yes, indicate which branch or branches of  Executive  Legislative			x <sub>No</sub>	,	
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?  Yes  Cash  X Personal Check					
If yes, list Event #	09/3	30/2013	\$200.00		\$200.00
I yes, is Even i				<u> </u>	
Last Name	First			MI	Contribution ID #
Chirunomula	a:	Padmavathi			0158
Residential Street Address 51 Wicks End Ln	City	Wilton		State CT	Zip Code 06897
Principal Occupation		Name of Employ	er	1 01	00037
Homemaker		None			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or  of a lobbyist?  Ye	Amou	ant of Contribution
If yes, indicate which branch or branches of	)	dependent child of	a loodyist:		
government the contract is with:  Executive Legislative			x No	<u>,                                     </u>	
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions		
X No Cash Personal Check	00/	20 (2012	+450.00		+150.00
If yes, list Event # Money Order Credit/Debit Card	09/.	30/2013	\$150.00		\$150.00
Last Name	First			MI	Contribution ID #
Kaye		Joshua		D	0159
Residential Street Address	City			State	Zip Code
11 Riverside Dr Apt 17HW		New York		NY	10023
Principal Occupation		Name of Employ	er		
Attorney			Weiss, Rifkind, Wharton &	_	
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Ye	Amou	ant of Contribution
If yes, indicate which branch or branches of		acpendent child (	x No	.]	
government the contract is with:	Date	Received	Aggregate Contributions	4	
fundraising event listed in Section J1?	Date		ggregate Continuations		
If yes, list Event # Cash X Personal Check    Money Order	09/3	30/2013	\$101.00		\$101.00

Page 51 of 73

I, MONETARY RECEIPTS (Section A-I)											
	5 (5)	ection A-I)	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	n Ind	lividuals	•								
Last Name	First			MI	Contribution ID #						
Ridley-Kaye		Megan		Е	0160						
Residential Street Address	City			State	Zip Code						
11 Riverside Dr Apt 17HW		New York		NY	10023						
Principal Occupation		Name of Employ	er								
Attorney		Linkla	iters, LLP								
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution						
is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	of a lobbyist?								
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>								
Is this contribution associated with a	Date	Received	Aggregate Contributions								
Tundraising event listed in Section 31?											
X No Cash X Personal Check	09/	30/2013	\$101.00		\$101.00						
If yes, list Event #		-									
Last Name	First			MI	Contribution ID #						
Kaye		Adam		S	0161						
Residential Street Address	City	7.00		State	Zip Code						
28 Powder Horn Hill Rd		Wilton		СТ	06897						
Principal Occupation		Name of Employ	er	<u> </u>	00037						
Medical Student		None	Ci								
			obbyist, spouse, or	Amou	nt of Contribution						
is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	Vac	Amou	nt of Contribution						
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>								
government the contract is with:	D-4-	D									
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions								
Cash X Personal Check		20 (2012	4400.00								
If yes, list Event # Money Order Credit/Debit Card	09/.	30/2013	\$100.00		\$100.00						
1											
Last Name	First			MI	Contribution ID #						
Kaye		Annette			0162						
Residential Street Address	City			State	Zip Code						
28 Powder Horn Hill Rd		Wilton		СТ	06897						
Principal Occupation	Name of Employer										
None		None									
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	nt of Contribution						
If yes, indicate which branch or branches of		dependent child (	*								
government the contract is with:			x <sub>No</sub>								
Is this contribution associated with a Sociate 112 Yes Method of contribution:	Date	Received	Aggregate Contributions								
fundraising event listed in Section J1?  Cash  Personal Check											
If yes, list Event # Cash Credit/Debit Card	09/	30/2013	\$100.00		\$100.00						
Last Name	First			MI	Contribution ID #						
Sheiman		Deborah		J	0163						
Residential Street Address	City			State	Zip Code						
128 Random Rd		Fairfield		CT	06825						
Principal Occupation		Name of Employ	er								
Retired		None									
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or Yes	Amou	nt of Contribution						
If yes, indicate which branch or branches of		dependent child of	of a foodyist?								
government the contract is with:			x <sub>No</sub>								
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions								
fundraising event listed in Section J1?											
If yes, list Event # Cash Credit/Debit Card	09/	30/2013	\$100.00		\$100.00						
,, Cloud Debit Card				•							

I. MONETARY RECEIPTS (Section A-I)  NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT											
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  Boucher For CT			October 10 Filing - Original								
B. Itemized Contributions fro	m Inc	lividuals									
Last Name	First			MI	Contribution ID #						
Sheiman		Ronald		L	0164						
Residential Street Address	City	Faire field		State	Zip Code						
128 Random Rd Principal Occupation	<u> </u>	Fairfield Name of Employ	er	СТ	06825						
Attorney		1	imployed								
Is contributor a principal of a state contractor or prospective state contractor?	lo	Is contributor a l dependent child of	Amou	nt of Contribution							
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative		acpendent enna e	x No								
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions								
fundraising event listed in Section J1?  Yes  Cash  Resonal Check											
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	09/	30/2013	\$100.00		\$100.00						
Last Name	First			MI	Contribution ID #						
Chirunomula	FIISt	Lathas		MII	0165						
Residential Street Address	City	Latilas		State	Zip Code						
51 Wicks End Ln	1	Wilton		СТ	06897						
Principal Occupation	!	Name of Employ	er								
None											
Is contributor a principal of a state contractor or prospective state contractor?	Amount of Contribution										
If yes, indicate which branch or branches of		dependent child of	of a lobbyist? Yes								
government the contract is with:  Is this contribution associated with a Method of contribution:  Method of contribution:	Date	Received	Aggregate Contributions								
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions								
X No Cash X Personal Check	09/	30/2013	\$75.00		\$75.00						
If yes, list Event #											
Last Name	First			MI	Contribution ID #						
Chirunomula		Krishnamurth	ny		0166						
Residential Street Address	City			State	Zip Code						
51 Wicks End Ln	<u> </u>	Wilton		СТ	06897						
Principal Occupation		Name of Employ									
Retired  Is contributor a principal of a state contractor or prospective state contractor?		Retire		Amou	nt of Contribution						
Yes A	lo	dependent child of	of a lobbyist?	7 111100	an or commoduon						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No								
Is this contribution associated with a Society II2 Yes Method of contribution:	Date	Received	Aggregate Contributions								
Tunidraising event instead in Section 31?											
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	09/	30/2013	\$50.00		\$50.00						
Last Name	First			MI	Contribution ID #						
Drummond		Donald		j	0167						
Residential Street Address	City			State	Zip Code						
2 Horseshoe Rd		Wilton		СТ	06897						
Principal Occupation		Name of Employ	er								
Retired		Retire									
Is contributor a principal of a state contractor or prospective state contractor?  Yes  Yes	lo	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution						
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>								
government the contract is with.	Date	Received	Aggregate Contributions								
fundraising event listed in Section J1?  Yes  Yes  X  Personal Check											
If yes, list Event # Cash Resonal Check    Cash Resonal Check   Money Order   Credit/Debit Card	09/	30/2013	\$150.00		\$50.00						

Page 53 of 73

						1 age 33 01 73		
I. MONETARY RECEI	PTS (Se	ction A-I)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission	1)			REPORT				
Boucher For CT			October 10 Filir	ng - Original				
B. Itemized Contributions for	rom Ind	ividuals	•					
Last Name	First				MI	Contribution ID #		
Saxe		James				0168		
Residential Street Address	City				State	Zip Code		
3 Drum Hill Rd		Wilton			СТ	06897		
Principal Occupation	·	Name of Employe	er		•			
Manager		AT&T						
Is contributor a principal of a state contractor or prospective state contractor?	No	Is contributor a lo		Yes	Am	ount of Contribution		
If yes, indicate which branch or branches of	110	dependent child o	f a lobbyist?					
government the contract is with:				x No				
Is this contribution associated with a fundraiging event listed in Section 112	Date 1	Received	Aggregate Contribu	tions				
Tunidraising event instea in Section 91:								
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	09/3	80/2013		\$50.00				
					<b>I</b>			
				Total of	Section B	\$29,662.00		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14 of Summary Page)								
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14 of Summary Page) \$29,662.00								
I. MONETARY RECEI	PTS (Se	ection A-I)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPI	E OF REP	PORT		
Boucher For CT				October 10 F	iling - Origi	inal		
C1. Contributions from Other	Commit	tees						
Name of Committee		Name of Treasure	r					
Address	e this contrib	oution associated wi	ith a	Yes	No A	Amount of Contribution		
		event listed in Sect		103	140			
	C	If yes, list Event #						
State Zip Code	Date Re		Aggregate Contri	butions				
City	Duic Re	u	. Iggiogate Contri	Canono				
			7	otal of Secti	ion C1			

Page 54 o	of 73
-----------	-------

Total of Section D

\$220.00

I. MONETA	ARY RECI	EIPTS (S	Section .	A-I)							
NAME OF COMMITTEE							T	YPE O	F REPORT	,	
Boucher For CT						Oc	tober 10	) Filing -	Original		
C2. Reimbursements, Payments, or Surplus Distributions from other Committees											
Name of Committee				Nam	ne of Treasurer						
Address						Date 1	Received	l		Amount of Receipt	
City	State Zip Code Reimbursement for sha Payment for goods and										
	•			•			To	tal of S	ection C2		
I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE TYPE OF REPORT											
Boucher For CT October 10 Filing - Original											
D. Loa	ns Received	this Peri	od			<u> </u>					
Name of Lender			Source of	Loan:					I	Date of Receipt	
Ellen M. Essman			Banl	c	Candidate	x I	X Individual		Other	08/21/2013	
Street Address		City	•				State	Zip Co	de	Is there a cosigner or Guarantor of this loan?	
59 St Johns Rd		Wilton					СТ	0689	7	Yes X No	
Name of Cosigner/Guarantor (if applicable)										Amount Received	
Street Address		City					State	Zip Co	de	\$20.00	
Name of Lender			Source of	Loan:						Date of Receipt	
Ellen M. Essman			Banl	ς .	Candidate	x I	Individua	1	Other	09/05/2013	
Street Address		City					State	Zip Co	de	Is there a cosigner or Guarantor of this loan?	
59 St Johns Rd		Wilton					СТ	0689	7	Yes X No	
Name of Cosigner/Guarantor (if applicable)										Amount Received	
Street Address		City					State	Zip Co	de	\$200.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE						TYPE OF REP	ORT			
Boucher For CT						October 10 Filing - Ori	ginal			
E. Personal	Funds of the Candidate	Received this Perio	od (Candidate Commit	tees ON	NLY)					
Data of Bassint	Method of Payment					I	Amount			
Date of Receipt	Cash	Personal C	Check Credit/D	ebit Card						
Total of Section E										
I. Monetary Receipts (Section A-I)										
NAME OF COMMITTEE			TYPE OF REPO	RT						
Boucher For CT		00	ctober 10 Filing - Origina	I						
G. Interest from Deposits in Authorized Accounts										
Name of Institution		Date Rece	eived	Amount						
Street Address		City		State		Zip Code				
						Total of Section G				
	I. MO	NETARY RECEI	IPTS (Section A-K)							
NAME OF COMMITTEE						TYPE OF REPOR	Т			
Boucher For CT					С	October 10 Filing - Origina	al			
	H. Public Grant F	<b>Sunds Received from</b>	n the Citizens' Election	Fund						
Purpose of Grant:		Grant Cycle:				Date Received	Amount			
Initial	Grant Adjustment	Grant Cycle.				Date Received	Allouit			
	•	Primary	General Election	Special	Election					
Supplemental	l/Post Election Deficit									
						Total of Section H				

	I. MONE	TARY RECE	IPTS (	Section A-K)						
NAME OF COMMITTEE						TYPE OF REPORT				
Boucher For CT						October 10 Filing - Original				
1	. Miscellaneous Mone	etary Receipts n	ot Con	sidered Contri	butions					
Name						Date o	f Transaction	Amou	nt Received	
Street Address		City	State				Zip Code			
Description										
							Total of Section I			
II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)										
NAME OF COMMITTEE							TYPE OF REPO	ORT		
Boucher For CT						0	ctober 10 Filing - Original			
	J1. Fundraisi	ng Event Inform	nation							
Fundraising Event # Date of Fundraiser Letter	Description									
Location: Street Address					City			State	Zip Code	
Was this fundraising event hosted at a personal resid		Yes if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for puchases made by host(s) for food, beverage and invitations.								
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ess entity of up to \$200 or items		Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  No							
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with		Yes No	(If yes, enter Total I	Receipts here.	)				

Total of Section J1

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)												
NAME OF COMMITTEE (Provide	Complete Name as Reg	istered wit	th Commissi	ion)		TYPE OF REP	ORT					
Boucher For CT						October 10 Filing - Origina	I					
	J3. In-Kind Donat	ions Not	Considere	d Contributions								
Name of the Donor												
Street Address				City			State	Zip Code				
Donation Given by:  Individual	Description of Donation			·		Fair Market Value of Donation						
Business Entity  Sole Proprietorship	Date Received	Event #			Aggregat	te value for this event						
						Total of Section J3						
III. NONMONETARY RECEIPTS (Sections K - M)												
NAME OF COMMITTEE						TYPE OF RE	PORT					
Boucher For CT						October 10 Filing - Origina	I					
	<b>K.</b> 1	In-Kind	Contributi	ons								
Name												
Street Address					City		State	Zip Code				
Is this contribution associated with a fundraising listed in Section J1? If yes, list Event#	event Y	es o	Description	of In-Kind Contribution	•		•					
Is Contributor a lobbyist, spouse, or dependent c of a lobbyist?	hild Yes No	contract		l of a state contractor or ch branch or branches of ntract is with:	f	Yes No tecutive Legislative		arket Value of this Contribution				
Type of Contributor:				Date Received		Aggregate contributions						
Individual Co	ommittee	Sole Propr	ietorship									
						Total of Section K						

Total of Section M

III. Non Monetary Receipts (Sections K - M)											
NAME OF COMMITTEE (Provide Complete Name as Registered wi	ith Comr	mission)			TYPE OF REPORT						
Boucher For CT					October 10 Filing - Original						
L. Refundable Deposit to Telephone Company											
Last Name of Individual	Firs	rt Name			MI	Date I	Deposit Made				
Residential Street Address	City State			State	Zip Code		Amount of Deposit				
Name of Telephone company											
Street Address	City			State	Zip Code						
					Total of So	ection L					
III. NONMON	ETAR	Y RECEIPTS (S	ections	K - M)							
NAME OF COMMITTEE			TYPE OF REPORT								
Boucher For CT			October 10 Filing - Original								
M. Non-Monetary Receipts of Organiz Legislative Caucus, and Party Commi					eadership,						
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees of	ONLY)		Name of	Treasurer							
Street Address					Date Notice	e Received	Fair Market Value of Donation				
City	State				Aggregate l	Donations					
Description of Donation		•	Purpose o	of Expenditure B	С	D	Е				

	IV. EXPENDITURE	ES (Se	ections N - S)					
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commiss	ion)			TYPE	OF REPORT		
Boucher For CT					October 10 Fili	ing - Original		
	N. Expenses Paid By C	Commi	ttee					
Name of Payee Webster Bank				Date of Pays 09/04/20			rment neck # ebit Card	
Street Address Town Green		·		State CT	Zip Code 06897			
Purpose of Expend BNK	Description Bank Fees						Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	\$37.00							
Name of Payee  Webster Bank  Date of Payme 09/05/201:						Method of Payment  Check #  Debit Card		
Street Address Town Green			City Wilton			State CT	Zip Code 06897	
Purpose of Expend BNK	Description Bank Fees						Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	x <sub>No</sub>	Expend (if appl		Event #	<b>‡</b>		\$37.00	
Name of Payee Merchant Bankcard				Date of Pays 09/06/20			ment neck # ebit Card	
Street Address Towne Green			City Wilton			State CT	Zip Code 06897	
Purpose of Expend BNK	Description  Merchant Account Set up						Amount	
Is this expenditure coordinated with a which reimbursement is sought?	nother candidate for Yes X No	Expend (if appl		Event #	<i>‡</i>		\$24.90	

	IV. EXPENDITURES (S	ections N - S)					
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		TY	PE OF REPORT			
Boucher For CT			October 10	tober 10 Filing - Original			
	N. Expenses Paid By Comm	ittee					
Name of Payee Merchant Bankcard			Date of Payment 09/06/2013	1 =	ment neck # sbit 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 a which reimbursement is sought?  If yes, assign an Expenditure # and co	\$50.00						
Name of Payee Webster Bank	CI	Method of Payment  Check #  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 a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No (if app	diture # slicable)	Event #		\$37.00		
Name of Payee Webster Bank			Date of Payment 09/09/2013		ment neck # ebit Card		
Street Address Town Green		City Wilton		State CT	Zip Code 06897		
Purpose of Expend BNK	Amount						
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No (if app	diture # slicable)	Event #		\$37.00		

	IV. EXPENDITURES	(Sections N - S	)				
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission	n)		TYPE	OF REPORT		
Boucher For CT				October 10 Fili	ing - Original		
	N. Expenses Paid By Cor	nmittee					
Name of Payee Cybersource			Date of Pays 09/13/20			rment neck # ebit 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 a which reimbursement is sought?  If yes, assign an Expenditure # and co	ŧ	\$0.36					
Name of Payee Cybersource			Date of Pays 09/19/20		Method of Payment  Check #  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 a which reimbursement is sought?  If yes, assign an Expenditure # and co	No	expenditure # if applicable)	Event #	ŧ		\$3.64	
Name of Payee Cybersource			Date of Payr			rment neck # ebit Card	
Street Address PO Box 8999		City San Francisco	)		State CA	Zip Code 94128	
Purpose of Expend BNK		Amount					
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No	Expenditure # if applicable)	Event #	ŧ		\$28.40	

	IV. EXPENDITURES (S	ections N - S)					
NAME OF COMMITTEE (Prov	TYPE	OF REPORT					
Boucher For CT	ing - Original						
	N. Expenses Paid By Comm	ittee					
Name of Payee Cybersource			Date of Pays 09/19/20		1 =	ment leck # bit Card	
Street Address PO Box 8999		State CA	Zip Code 94128				
Purpose of Expend BNK	Description Credit Card Fees					Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	ŧ	\$1.82					
Name of Payee  Cybersource	ment 013	Method of Payment  Check #  X 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 a which reimbursement is sought?  If yes, assign an Expenditure # and co	x No (if app	diture # slicable)	Event #	ŧ		\$46.24	
Name of Payee Webster Bank			Date of Pays 09/30/20			ment eck # bit Card	
Street Address Town Green		City Wilton			State CT	Zip Code 06897	
Purpose of Expend BNK		Amount					
Is this expenditure coordinated with a which reimbursement is sought?		diture # slicable)	Event #	ŧ		\$35.50	

IV. EXPENDITURES (Sections N - S)											
NAME OF COMMITTE	E (Prov	ide Complete Name as Ro	egistered with Commi	ission)				TYPE	OF REPORT		
Boucher For CT								October 10 Fili	ng - Original		
		N.	. Expenses Paid By	Commi	ttee						
Name of Payee Authorize.net							Date of Pay 09/30/20		_	yment heck # lebit Card	
Street Address PO Box 8999 City Boston										Zip Code 02110	
Purpose of Expend Description  BNK Description  Credit Card Merchant Account Fees										Amount	
Is this expenditure coordinate which reimbursement is soug If yes, assign an Expenditure	\$120.29										
								Total of	Section N	\$459.	15
NAME OF COMMITTE	E (Provi		. EXPENDITUR		etions N - S)			TY	PE OF REP	ORT	
		F						October 10	Filing - Original	l	
		O. Expe	enses Paid By Cand	lidate							
Name of Payee (Name of vendor	who candi	date paid directly)					Date of Payn	nent	Is Reimburse	ment Claimed? Yes	No
Street Address City State Zip Code										Amount	
Purpose of Expenditure (by code)  Description  Event #											
								Tota	al of Section C		

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (F	Provide Complete Name as Registered	with Commission)		TYPE OF	REPORT				
Boucher For CT				October 10 Filing - O	riginal				
P. Expenses Incurred on Committee Credit Card									
Name of Issuing Institution			Type of Credit Card: Visa N Other	faster Card Discov	er	American Express			
Name of Vendor						ansaction			
Street Address			City		State	Zip Code			
Purpose of Expenditure (by code)	Description					Amount			
Is this expenditure coordinated w which reimbursement is sought?  If yes, assign an Expenditure # ar	Expenditure # (if applicable)	Event#							
				Total of Section	P				

	IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	EE (Provide Complete Name as Registered with Commission	1)			TYPE O	F REPORT			
Boucher For CT					October 10 Filing -	Original			
Name of Creditor Ellen M. Essman						Date Incurre			
Street Address	Address City					State	Zip Code		
59 St Johns Rd	Wilton					СТ	06897		
Purpose of Expenditure (by code)							Amount Incurred (Estimate or Actual)		
OVHD Post Office Box Rental									
reimbursement is sought?	with another candidate for which  Yes  No and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #			\$48.00		
ii yes, assigii aii Experiuture # a	and completes temization in Addendari Q						φ+0.00		
Name of Creditor Judy Puchalski						Date Incurre			
Street Address		City				State	Zip Code		
7 Waterbury Rd		Norw	alk			СТ	06851		
Purpose of Expenditure (by code)	Description  Express Mail for SEEC Registration						ant Incurred ate or Actual)		
POST									
Is this expenditure coordinated reimbursement is sought?	with another candidate for which  Yes  X No		Expenditure # (if applicable)	Event #					
If yes, assign an Expenditure # a	and completes Itemization in Addendum Q						\$35.46		

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	EE (Provide Complete Name as Registered with Commission	1)			TYPE O	OF REPORT		
Boucher For CT					October 10 Filing -	Original		
Name of Creditor Henry Bud Boucher						Date Incurre		
Street Address 5 Wicks End Ln	Chy					State CT	Zip Code 06897	
Purpose of Expenditure (by code)  Description  Copy Charges for Announcement						Amount Incurred (Estimate or Actual)		
PRNT								
Is this expenditure coordinated verimbursement is sought?	with another candidate for which  Yes  X No		Expenditure # (if applicable)	Event #				
If yes, assign an Expenditure # a	and completes Itemization in Addendum Q						\$19.14	
Name of Creditor Henry Bud Boucher		-				Date Incurre		
Street Address 5 Wicks End Ln		City Wilton	n			State CT	Zip Code	
Purpose of Expenditure (by code)  A-OTH	Description  Cording for Banner					Amou	unt Incurred ate or Actual)	
reimbursement is sought?	with another candidate for which Yes No		Expenditure # (if applicable)	Event #				
If yes, assign an Expenditure # a	and completes Itemization in Addendum Q						\$11.68	

	IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission	n)			TYPE O	F REPORT			
Boucher For CT	Boucher For CT October 10 Filling -								
Q. Expenses Incurred By Committee but Not Paid During this Period									
Name of Creditor Professional Graphics, In	n					Date Incurre			
Street Address		City				State	Zip Code		
25 Perry Ave .		Norwa	alk			СТ	06850		
Purpose of Expenditure (by code)  Description  Printing Costs for Contribution Appeal  PRNT						Amount Incurred (Estimate or Actual)			
11001									
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and completes Itemization in Addendum Q							\$3,432.98		
						D. I	1		
Name of Creditor Professional Graphics, In	n	-				Date Incurre			
Street Address		City				State	Zip Code		
25 Perry Ave .		Norwa	alk			СТ	06850		
Purpose of Expenditure (by code)	Description  Printing Costs for Appeal						int Incurred ate or Actual)		
reimbursement is sought?	with another candidate for which  Yes  No and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #			\$499.85		

	IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	EE (Provide Complete Name as Registered with Commission	1)			TYPE O	F REPORT			
Boucher For CT	Boucher For CT October 10 Filing - 0								
Name of Creditor Hank Karl						Date Incurre			
Street Address		City				State	Zip Code		
PO Box 81	Bethel					СТ	06801		
Purpose of Expenditure (by code) Description						Amount Incurred (Estimate or Actual)			
WEB Mailchimp Service									
reimbursement is sought?	with another candidate for which  Yes  X No		Expenditure # (if applicable)	Event #					
If yes, assign an Expenditure # a	and completes Itemization in Addendum Q						\$30.00		
Name of Creditor Michael Lindberg						Date Incurre			
Street Address		City				State	Zip Code		
179 Thunder Lake Rd		Wilton	n			СТ	06897		
Purpose of Expenditure (by code)	Description Postgae for Solicitation						unt Incurred ate or Actual)		
POST									
Is this expenditure coordinated reimbursement is sought?	with another candidate for which  Yes  X No		Expenditure # (if applicable)	Event #					
If yes, assign an Expenditure # a	and completes Itemization in Addendum Q						\$276.00		

	IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	EE (Provide Complete Name as Registered with Commission	1)			ТҮРЕ О	F REPORT			
Boucher For CT					October 10 Filing -	Original			
Name of Creditor Richard Bonenfant						Date Incurre			
Street Address 17 Parkhill Ave .	City					State CT	Zip Code 06851		
Purpose of Expenditure (by code)  Description  Photographs for Anouncement of Exploratory Commitee						Amount Incurred (Estimate or Actual)			
A-DM									
reimbursement is sought?	with another candidate for which  Yes  No and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #			\$70.00		
Name of Creditor Paul's Prosperous Prt						Date Incurre			
Street Address		City				State	Zip Code		
35 Danbury Rd Ste 4		Wilton	n			СТ	06897		
Purpose of Expenditure (by code)	Description  Vinyl Banner for Announcement						unt Incurred ate or Actual)		
A-OTH									
Is this expenditure coordinated reimbursement is sought?	with another candidate for which  Yes  X  No		Expenditure # (if applicable)	Event #					
If yes, assign an Expenditure # a	and completes Itemization in Addendum Q						\$125.00		

	IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE O								
Boucher For CT	Boucher For CT October 10 Filing -								
Name of Creditor Henry Bud Boucher						Date Incurre			
Street Address		City				State	Zip Code		
5 Wicks End Ln						СТ	06897		
Purpose of Expenditure (by code)							Amount Incurred (Estimate or Actual)		
A-DM Postage for Direct Mail									
reimbursement is sought?	Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and completes Itemization in Addendum Q								
Name of Creditor Michael Lindberg						Date Incurre			
Street Address 179 Thunder Lake Rd		City				State	Zip Code		
179 Munder Lake Ru		Wilton	n 			СТ	06897		
Purpose of Expenditure (by code)	Description  Postage for Solicitation						unt Incurred ate or Actual)		
Is this expenditure coordinated reimbursement is sought?	with another candidate for which  Yes  X  No		Expenditure # (if applicable)	Event #					
If yes, assign an Expenditure #	and completes Itemization in Addendum Q						\$46.00		

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	EE (Provide Complete Name as Registered with Commission	n)			TYPE O	F REPORT		
Boucher For CT					October 10 Filing -	Original		
	Q. Expenses Incurred By Committee but No	t Paid	During this Period					
Name of Creditor Hank Karl						Date Incurred 09/27/2013		
Street Address PO Box 81  City Bethel							Zip Code 06801	
Purpose of Expenditure (by code)  Mailchimp Service  WEB							unt Incurred ate 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								
Name of Creditor Judy Puchalski						Date Incurred 09/30/2013		
Street Address 7 Waterbury Rd		City	alk			State CT	Zip Code 06851	
Purpose of Expenditure (bv code)  Description  Accounting and Bookkeeping Charges for Contributions  CNSLT						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  Expenditure # (if applicable)  Event #  Event #  \$247.50								
				Tota	l 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			te of Payment		Method of Payment	
								Check #  Debit Card	
Secondary Payee									
Street Address			City					State	Zip Code
Purpose of Expenditure Description (by code)							Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  No			Expenditure # (if applicable)			Event#			
If yes, assign an Expenditure # and completes Itemization in									
Total of Section R									
IV. EXPENDITURES (Sectuibs N - S)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT							ORT		
The state of containing the state of the sta					10 Filing - Original	Filing - Original			
S. Surplus Distribution of Equipment and Furniture									
Name of Recipient									
Street Address	City			Stat	ate Zip Code			Original Purchase Amount of Item	
Description of Item									
Total of Section S									