Electronic Filing

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



Do Not Mark in This Space For Official Use Only

Page 1 of 21

COVER PAGE							
1.NAME OF COMMITTEE						2. TY	PE OF COMMITTEE
Sharon For A Better CT						x	Candidate Committee Exploratory Committee
3. TREASURER NAME				1		•	
First James			МІ М.	Last Prichard			Suffix
4. TREASURER ADDRESS							
Street Address 62 Main St		City Elling	Iton		State CT		Zip Code 06029-3315
5. ELECTION DATE	6. OFFICE SOUGHT (Ca	omplete of	nly if Candidate	Committee)		7. DIST	RICT NUMBER (if applicable
11/04/2014	State Comptroller						
8. CANDIDATE NAME (Complete only if Complete only if Comp	Candidate or Exploratory Co	ommittee	e)			-	
First MI Last Sharon J McLaughlin							Suffix
9. TYPE OF REPORT				•			
October 10 Filing - Original							
10. PERIOD COVERED							
	Beginning Date			Ending Date			
09/01/2014 thru 09/30/2014							
11. CERTIFICATION							
III. CERIFICATION							
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	James Prichard			10	0/03/2014	3:44:24P	м
SIGNATURE	PRINT NAME OF THE	E SIGNI	ER	D	ATE CERTIFIE	D	
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.							

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

Revised January 2012

SUMMARY PA	GE TOTALS
------------	-----------

NAME OF COMMITTEE	TYPE OF REPORT	TYPE OF REPORT					
Sharon For A Better CT	October 10 Filing - Original	October 10 Filing - Original					
	COLUMN A This Period	COLUMN B Aggregate					
12. Balance on hand from day Committee was formed		\$0.00					
13. Balance on hand at the beginning of Reporting Period	\$307.38						
14. Contributions received from Individuals (Section A and B)	\$1,480.00	\$7,508.00					
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00					
16. Other Monetary Receipts (Section D through I)	\$0.00	\$0.00					
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00					
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$1,480.00	\$7,508.00					
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$1,787.38	\$7,508.00					
20. Expenses Paid by Committee (Section N)	\$19.59	\$5,740.21					
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$1,767.79	\$1,767.79					
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00					
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00					
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00					
25. Receipts of Organization Expenditures (Section M) OPTIONAL	\$0.00	\$0.00					
26. Beginning Loan Balance	\$0.00						
26a. + Loans Received (Section D)	\$0.00	\$0.00					
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00					
26c Payments on Loan(s)	\$0.00	\$0.00					
26d. Total Outstanding Loan Amount	\$0.00						
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00					
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00					
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00						
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00						

Page 3 of 21							
I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT						
Sharon For A Better CT		October 10 Filing - Original					
A. Total Contributions from Small Contributors-Received this Perio	Dd ONLY	For Nonpartic	ipating Canc	lidates ONLY			
A. Total Contributions from Sman Contributors-Accelved ting for	JU OIVE I	\$0.00					
B. Itemized Contributions from Individuals							
Last Name	First		MI	Contribution ID #			
MCARDLE	LAURIE			0159			
Residential Street Address	City		State	Zip Code			
267 Brookkbend Rd	Fairfield		СТ	06824			
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	4 moi	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?	o dependent child o	Vac	Allo	and of Conditionation			
If yes, indicate which branch or branches of Executive Legislative		x _{No}					
government the contract is with.	Date Received	Aggregate Contributions					
fundraising event listed in Section J1?							
X No Cash Personal Check	\$100.00 \$100.00						
If yes, list Event # Money Order X Credit/Debit Card 09/04/2014 \$100.00 \$100.00							
Last Name	t Name First						
CAMILLE	ALBERTI						
Residential Street Address		State	Zip Code				
7 Darrows Ct	East Lyme		СТ	06333			
Principal Occupation	Name of Employ	er					
			1				
Is contributor a principal of a state contractor or prospective state contractor?	o Is contributor a l dependent child o	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		x No					
government the contract is with:	Date Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date Received	Aggregate Contributions					
X No Cash Personal Check	09/04/2014	\$10.00		\$10.00			
If yes, list Event # Money Order X Credit/Debit Card	00,01,2011	\$10,000		<i>410.00</i>			
Last Name	First		MI	Contribution ID #			
SANSING	JAMES			0148			
Residential Street Address	City		State	Zip Code			
PO Box 344 SOUTH ST	Litchfield		СТ	06759			
Principal Occupation	Name of Employ	er	-	-			
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	o dependent child o						
government the contract is with:		X No					
Is this contribution associated with a fundraising event listed in Section J1? Yes	Date Received	Aggregate Contributions					
X No Cash X Personal Check	00/16/2014	41E 00		¢15.00			
If yes, list Event # Money Order Credit/Debit Card	09/16/2014	\$15.00	\$15.00				

					Page 4 of 21
I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Sharon For A Better CT			October 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
LEWIS		GERALDINE			0149
Residential Street Address	City			State	Zip Code
519 Main St	City	Old Saybraa		СТ	-
	L	Old Saybroo		CI	06475
Principal Occupation		Name of Employ	rer		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution
	Ŭ	dependent child	of a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
X No Cash Personal Check	00/1	16/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	09/1	10/2014	\$50.00		\$50.00
				-	
Last Name	First			MI	Contribution ID #
WYANT		RODERICK			0150
Residential Street Address	City			State	Zip Code
30 Plumb Hill Rd		Washington		СТ	06793
Principal Occupation		Name of Employ	ver .	<u>.</u>	
		1 5			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	7 tillot	an of controlation
If yes, indicate which branch or branches of Executive Legislative		1	x No		
government the contract is with:					
Is this contribution associated with a function associated with a function associated with a Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
	09/1	16/2014	\$20.00		\$20.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
GOODIN		PATRICA			0151
Residential Street Address	City	T/THECK		State	Zip Code
	City				-
214 Scott Rd	L	Waterbury		СТ	06705
Principal Occupation		Name of Employ	rer		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Method of contribution	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	0.04		+100.00		+100.00
If yes, list Event # Money Order Credit/Debit Card	09/1	16/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
DOYLE		MICHEAL			0152
Residential Street Address	City			State	Zip Code
67 Fair Harbor Pl		New London		ст	06320
Principal Occupation	· 1	Name of Employ	rer	I	!
		rame of Employ			
		Te		<u>.</u>	ant of Court 1 at
Is contributor a principal of a state contractor or prospective state contractor?	0	ls contributor a dependent child	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		acpendent child (
government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
X No Cash Personal Check	09/1	16/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card		·,===·	+200100		

					Page 5 of 21	
I. MONETARY RECEIPT	'S (Se	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						
Sharon For A Better CT			October 10 Filing - Original			
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
RAND		WILLIAM		w	0153	
Residential Street Address	City			State	Zip Code	
12 Billon Rd		Old Saybroo	k	СТ	06424	
Principal Occupation	· · · ·	Name of Employ	/er			
		1.5				
Is contributor a principal of a state contractor or prospective state contractor?		Le contributor a	lobbyist, spouse, or	Amou	int of Contribution	
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child	Vac	111100		
If yes, indicate which branch or branches of						
government the contract is with:						
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
If yes, list Event #	09/3	16/2014	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
КАҮ		PAULA			0154	
Residential Street Address	City			State	Zip Code	
87 Cypress Rd		Old Saybroo	k	ст	06475	
Principal Occupation	-	Name of Employ				
······································			-			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution	
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child	Vac	Allou	ant of Contribution	
If yes, indicate which branch or branches of		1	· —			
government the contract is with:			· · · · · · · · · · · · · · · · · · ·			
Is this contribution associated with a function of the second se	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
If yes, list Event #	09/3	16/2014	\$20.00		\$20.00	
Last Name	First			MI	Contribution ID #	
BISBIKOS		ANDREA			0155	
Residential Street Address	City			State	Zip Code	
COLCHESTER		Colchester		ст		
Principal Occupation	· · · ·	Name of Employ	/er	! !		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution	
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child	Vac	Allou	Int of Contribution	
If yes, indicate which branch or branches of Executive Legislative			X No			
government the contract is with:						
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
If yes, list Event #	09/3	16/2014	\$25.00		\$25.00	
Last Name	First			MI	Contribution ID #	
BARAN		COLE			0156	
Residential Street Address	City			State	Zip Code	
26 Wychwood		Old Lyme		ст	06371	
Principal Occupation	·	Name of Employ	/er	1	!	
		or Employ				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor -	labbuist spausa or	A	int of Contribution	
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	lobbyist, spouse, or of a lobbyist? Yes	Amou	an of Contribution	
If yes, indicate which branch or branches of		r	-			
government the contract is with:			X No			
Is this contribution associated with a function of the function of the functi	Date	Received	Aggregate Contributions			
Tundraising event listed in Section J1?	1					
If yes, list Event #	09/3	16/2014	\$20.00		\$20.00	
	1			1		

					Page 6 of 21
I. MONETARY RECEIPT	'S (Se	ction A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT				
Sharon For A Better CT			October 10 Filing - Original		
B. Itemized Contributions from	m Indi	ividuals			
Last Name	First			MI	Contribution ID #
BYSKO		JOHN			0157
Residential Street Address	City			State	Zip Code
4 Lantern Ln		Old Lyme		СТ	06571
Principal Occupation		Name of Employ	rer		•
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution
Yes Yes No	0	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date I	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	00/1	6/2014	¢20.00		\$20.00
If yes, list Event # Money Order Credit/Debit Card	09/1	0/2014	\$20.00		\$20.00
Last Name	First			MI	Contribution ID #
stupinski		michael			0161
Residential Street Address	City			State	Zip Code
23 Steeple View Dr		Ellington		СТ	06029
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
	0	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date I	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	00/2	6/2014	\$50.00		\$25.00
If yes, list Event # Money Order Credit/Debit Card	03/2	.0/2014	\$30.00		\$25.00
Last Name	First			MI	Contribution ID #
	riist	kathleen		IVII	
stupinski	~	kathleen		~	0162
Residential Street Address	City			State	Zip Code
23 Steeple View Dr	Ļ	Ellington		СТ	06029
Principal Occupation		Name of Employ	rer		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
	Č	dependent child of	of a lobbyist?		
government the contract is with:			X No		
Is this contribution associated with a for draining over this drain for the Ha	Date I	Received	Aggregate Contributions		
	09/2	6/2014	\$50.00		\$25.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
cone		mary			0163
Residential Street Address	City	mary		State	Zip Code
	City	Ellington		CT	-
11 Tree Top Rd	L	Ellington		CI	09029
Principal Occupation		Name of Employ			
				i	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of			
government the contract is with:			x _{No}		
Is this contribution associated with a sociated with a Yes Yes	Date I	Received	Aggregate Contributions		
	09/2	6/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	1				

					Page 7 of 21
I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Sharon For A Better CT			October 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	ividuals		•	
Last Name	First			MI	Contribution ID #
bliss		woody			0164
Residential Street Address	City			State	Zip Code
25 Grays Farm Rd		Weston		СТ	06883
Principal Occupation		Name of Employ	rer		•
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	io	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:		n : 1	i		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	09/2	26/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
king		roger			0165
Residential Street Address	City	_		State	Zip Code
14 Echo Hill Rd		Weston		ст	06883
Principal Occupation	<u>н</u>	Name of Employ	or.		00005
		Ivanie of Employ			
Is contributor a principal of a state contractor or prospective state contractor?	ю	dependent child	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent ennu v			
government the contract is with:			x _{No}		
Is this contribution associated with a fundation of the section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
	09/2	26/2014	\$20.00		\$20.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
pangborn		alicia			0166
Residential Street Address	City			State	Zip Code
11 Sunshine Dr	City	Glastonbury		СТ	06033
	<u>і </u>	Name of Employ		CI	00055
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child o	· _		
government the contract is with:			x _{No}		
Is this contribution associated with a fundraicing at which a the section 112 Yes	Date	Received	Aggregate Contributions		
	09/2	26/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
baldwin	1	ceaig			0167
Residential Street Address	Citra	cearg		St. 1.	
	City			State	Zip Code
374 Deerfield	L	Pomfret		СТ	06258
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or Yes	Amou	ant of Contribution
		dependent child	of a fobbyist?		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?	1				
X No Cash X Personal Check	09/7	26/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card		,	4100.00		₊ _ 0 0 . 0 0

					Page 8 of 21
I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Sharon For A Better CT			October 10 Filing - Original		
B. Itemized Contributions from	m Ind	ividuals			
Last Name	First			MI	Contribution ID #
TALNAGI		ERIKA			0168
Residential Street Address	City			State	Zip Code
130 Ursula PI Apt 1		Stamford		СТ	06902
Principal Occupation	- I	Name of Employ	er		
		1 5			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of			x _{No}		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	09/2	29/2014	\$10.00		\$10.00
Last Name	First			MI	Contribution ID #
MCGARRY		MICHAEL			0169
Residential Street Address	City	-		State	Zip Code
31 Woodland St	0119	Hartford		СТ	06105
	<u> </u>	Name of Employ		CI	00105
Principal Occupation		Name of Employ	ei		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent ennu (
government the contract is with:			x _{No}		
Is this contribution associated with a fraction UP Yes	Date 1	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
	09/2	29/2014	\$25.00		\$25.00
If yes, list Event # Money Order Credit/Debit Card		-			
Last Name	First			MI	Contribution ID #
FEDELI		MARY			0170
Residential Street Address	City	FIZICI		State	
	City				Zip Code
7 Gilford St	<u> </u>	Stamford		СТ	06907
Principal Occupation		Name of Employ	rer		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	int of Contribution
If you indicate which branch or branches of	Ũ	dependent child			
government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	09/2	29/2014	\$10.00		\$10.00
If yes, list Event # Money Order Credit/Debit Card	,	-, -			
Last Name	First			MI	Contribution ID #
	THSt	CATHERINE		IVII	
MARX		CATHERINE			0178
Residential Street Address	City			State	Zip Code
81 Sentinal Woods	L	Hebron		СТ	06248
Principal Occupation		Name of Employ	rer		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution
	U	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution approved with a Mathead of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
No Cash Personal Check	0.0/2	0/2014	#35.00		¢25.00
If yes, list Event # Money Order X Credit/Debit Card	09/2	29/2014	\$25.00		\$25.00

					Page 9 of 21	
I. MONETARY RECEIPT	'S (Se	ction A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	,	TYPE OF REPORT				
Sharon For A Better CT			October 10 Filing - Original			
B. Itemized Contributions from	m Indi	viduals				
Last Name	First			MI	Contribution ID #	
BALESTRIERE	1 11 50	PHILIP		IVII	0172	
Residential Street Address	City			State	Zip Code	
20 Judy Ln	City	Stamford		CT	06906	
Principal Occupation	- -	Name of Employ	er		00500	
		rune of Employ				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or	Amou	int of Contribution	
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (× No			
government the contract is with:						
Is this contribution associated with a fundraising event listed in Section J1?	Date F	Received	Aggregate Contributions			
Image: Second Pressonal Check						
If yes, list Event # Money Order Credit/Debit Card	09/2	9/2014	\$20.00		\$20.00	
L set Mana	Einst			NU	Contribution ID #	
Last Name	First			MI		
MATTHENSEN	<i>C</i> ''	JENNIFER		6 1.1	0175	
Residential Street Address	City			State	Zip Code	
118 Good Hill Rd	L	Weston		СТ	06883	
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	int of Contribution	
	0	dependent child of	of a lobbyist? Yes			
If yes, indicate which branch or branches of government the contract is with:			X No			
Is this contribution associated with a Method of contribution:	Date F	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
If yes, list Event #	09/2	9/2014	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
KOHANSKI		RENEE			0181	
Residential Street Address	City			State	Zip Code	
289 New London Tpke		Norwich		СТ	06360	
Principal Occupation		Name of Employ	er			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution	
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (, E			
government the contract is with:						
Is this contribution associated with a fundraising event listed in Section J1?	Date F	Received	Aggregate Contributions			
No Cash Personal Check	00/2	0/2014	¢100.00		+100.00	
If yes, list Event # Money Order X Credit/Debit Card	09/2	9/2014	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
MOURADIM	FIFSU	ANDREW		NII .	0171	
Residential Street Address	City	ANDREW		State	Zip Code	
70 Strawbery Hill Ave	City	Stamford		CT	06902	
Principal Occupation	! 	Name of Employ	or	СГ	00902	
		Nume of Employ				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution	
	0	dependent child of	of a lobbyist?			
If yes, indicate which branch or branches of government the contract is with:			x _{No}			
Is this contribution associated with a Method of contribution:	Date F	Received	Aggregate Contributions	1		
fundraising event listed in Section J1?						
	09/2	9/2014	\$20.00		\$20.00	
If yes, list Event # Money Order Credit/Debit Card	1			1		

					Page 10 of 21
I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Sharon For A Better CT			October 10 Filing - Original		
B. Itemized Contributions from	m Ind	ividuals			
Last Name	First			MI	Contribution ID #
LESLIE		LOGAN			0174
Residential Street Address	City			State	Zip Code
204 Fayerweather St		Cambridge		MA	02138
Principal Occupation		Name of Employ	rer		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a dependent child	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent ennu v	•		
government the contract is with:			X No		
Is this contribution associated with a function of the day of the section of the	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	09/2	29/2014	\$10.00		\$10.00
Last Name	First			MI	Contribution ID #
MATTHESEN		STEVE			0176
Residential Street Address	City			State	Zip Code
118 Goodhill Rd		Weston		СТ	06883
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	09/2	29/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	03/2	-5/2011	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
MCAULIFFE	1 1100	TERRENCE			0177
Residential Street Address	City	TERRENCE		State	Zip Code
30 Independece Cir	City	Middlebury		CT	06762
Principal Occupation	L	Name of Employ	70 4	CI	00702
		Name of Employ	ei		
		To contributor of		A	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	obbyist, spouse, or Yes	Атоц	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		F	X No		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	09/2	29/2014	\$5.00		\$5.00
	-				
Last Name	First			MI	Contribution ID #
GILBERT		DANIEL			0179
Residential Street Address	City			State	Zip Code
55 Ladderhill Rd		Weston		СТ	06883
Principal Occupation		Name of Employ	rer		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
No Cash Personal Check	09/3	29/2014	\$20.00		\$10.00
If yes, list Event # Money Order X Credit/Debit Card			420.00		+-0.00

					Page 11 of 21	
I. MONETARY RECEIPT	'S (Se	ction A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT					
Sharon For A Better CT			October 10 Filing - Original			
B. Itemized Contributions from	m Indi	ividuals				
Last Name	First			MI	Contribution ID #	
GILBERT		SHARON			0180	
Residential Street Address	City			State	Zip Code	
55 Ladderhill Rd		Weston		СТ	06883	
Principal Occupation		Name of Employ	er			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	int 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 I	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
No Cash Personal Check	09/2	9/2014	\$20.00		\$10.00	
If yes, list Event # Money Order X Credit/Debit Card	,	-, -			1	
Last Name	First			MI	Contribution ID #	
FERRARI		VIRGINIA			0173	
Residential Street Address	City	VIRGINIA		State	Zip Code	
	City	Westport		CT	06880	
21 Whitney Gln	L	Westport		CI	00000	
Principal Occupation		Name of Employ	er			
				ı .		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution	
If yes, indicate which branch or branches of		dependent ennu (· –			
government the contract is with:						
Is this contribution associated with a fundraising event listed in Section J1?	Date I	Received	Aggregate Contributions			
If yes, list Event #	09/2	9/2014	\$10.00		\$10.00	
Last Name	First			MI	Contribution ID #	
MASON		SUSAN			0184	
Residential Street Address	City			State	Zip Code	
183 Reservoir Rd	Vernon			CT 06066		
Principal Occupation		Name of Employ	er			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution	
	0	dependent child of				
If yes, indicate which branch or branches of government the contract is with:			x _{No}			
Is this contribution associated with a restrict the Section 112 Yes	Date I	Received	Aggregate Contributions			
	09/3	80/2014	\$25.00		\$25.00	
If yes, list Event # Money Order Credit/Debit Card						
Last Name	First			MI	Contribution ID #	
FALLETI		WILLIAM			0182	
Residential Street Address	City			State	Zip Code	
152 Squaw Holloow Rd	,	Ashford		СТ	06278	
Principal Occupation	· 1	Name of Employ	er			
· F. · · · · · · · · · · · · · · · · · ·		or Employ				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amor	int of Contribution	
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac	Amot	an or contribution	
If yes, indicate which branch or branches of sovernment the contract is with:			X No			
		D : 1				
Is this contribution associated with a fundraising event listed in Section J1?	Date I	Received	Aggregate Contributions			
	[
If yes, list Event #	09/3	80/2014	\$25.00		\$25.00	

								Page 12 of 21
I. M	IONE	FARY RECEIP	TS (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Re			-	,	TYPE OF	REPORT		
Sharon For A Better CT					October 10 Filir	ıg - Original		
B. Ite	emized	Contributions fr	om In	dividuals				
Last Name			Firs				MI	Contribution ID #
FALLETTI				LINDA				0183
Residential Street Address			City				State	Zip Code
152 Squaw Hollow Rd				Ashford			СТ	06278
Principal Occupation				Name of Employe	er			•
Is contributor a principal of a state contractor or prospective state contractor?		Yes X	No		bbyist, spouse, or	Yes	Amo	ount of Contribution
If yes, indicate which branch or branches of	_		NO	dependent child o	f a lobbyist?			
government the contract is with:		Legislative				x _{No}		
Is this contribution associated with a fundation associated with a Yes Method of c	contribution	n:	Date	Received	Aggregate Contribu	tions		
fundraising event listed in Section 31?		X Personal Check						
If yes, list Event #	Order	Credit/Debit Card	09/	30/2014	\$	25.00		\$25.00
ii yes, iist Event #	oldel							
						Total of S	Section B	\$1,480.00
TOTAL OF ALL CONTRIBUTIONS FROM INDI	IVIDIJA	LS (Se	ctions A	(+ B) (Tot	al on Line 14 of Su	mmarv Page)		\$1,480.00
	I I IDON		ctions ?	(10)	an on Line 1 , oj ba	initial y 1 age)		+-,
I. M	10NE	TARY RECEII	PTS (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Reg	gistered	with Commission)				TYPI	E OF REP	ORT
Sharon For A Better CT						October 10 F	iling - Origir	nal
C1. Con	ntributi	ons from Other	Commi	ttees				
Name of Committee				Name of Treasure	r			
Address								mount of Contribution
				ibution associated w		Yes	No A	anount of Contribution
fundraising event listed in Section J1?								
If yes, list Event #								
City	State	Zip Code	Date R	eceived	Aggregate Contri	butions		
		1						
					Т	otal of Secti	on C1	

					Page 13 of 21			
I. MONETA	I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE	TYPE OF REPORT							
Sharon For A Better CT	October 10 Filing - Original							
C2. Reimbursements, Payments, or Surplus Distributions from other Committees								
Name of Committee			Name of Treasurer					
Address				Date Received	Amount of Receipt			
		-						
City	State	Zip Code	Reimbursement for	shared expense				
			Payment for goods a	and services				
				Total of Section C2				

I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE				TYPE (OF REPORT		
Sharon For A Better CT				October 10 F	iling - Original		
D. Loans Received	this Peri	od		•			
Name of Lender		Source of Loan: Bank	Candidate	Individual	Other	Date of Receipt	
Street Address	City		Culturate	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (if applicable)	-					Amount Received	
Street Address	City			State	Zip Code		
				•	Total of Section	D	

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE	TYPE O	F REPORT						
Sharon For A Better CT	October 10 Fil	ing - Original						
E. Personal	Funds of the Candidate R	eceived this Period (Candid	ate Committees ONLY)					
Date of Receipt	Method of Payment				Amount			
	Cash	Personal Check	Credit/Debit Card					
				Total of Section	E			

Page 14 of 21

I. Monetary Receipts (Section A-I)							
NAME OF COMMITTEE		TYPE OF REPORT					
Sharon For A Better CT	Oc	tober 10 Filing - Original					
G. Interest from Deposits in Authorized Accounts							
Name of Institution			Date Rece	ived	Amount		
Street Address	City	State	9	Zip Code			
Total of Section G							

I. MONETARY RECEIPTS (Section A-K)								
NAME OF COMMITTEE		TYPE OF REPORT						
Sharon For A Better CT	Sharon For A Better CT							
H. Public Grant Funds Received from the Citizens' Election Fund								
Purpose of Grant:	Grant Cycle:			Date Received	Amount			
Initial Grant Adjustment	Primary	General Election	Special Election					
Supplemental/Post Election Deficit								
				Total of Section H				

I. MONETARY RECEIPTS (Section A-K)							
NAME OF COMMITTEE				TYPE OF REPORT			
Sharon For A Better CT			Octob	er 10 Filing - Original			
I. Miscellaneous Mone	etary Receipts not Considered Contril	butions					
Name			Date of	Transaction	Amount Received		
Street Address	City	State		Zip Code			
Description							
Total of Section I							

Page 15 of 21

11	I. FUNDRAISING EVENT ACT	IVITY	(Sections J1 - J3)			
NAME OF COMMITTEE				TYPE OF	REPORT	
Sharon For A Better CT				October 10 Filing - C	Driginal	
	J1. Fundraising Event Info	rmation				
Fundraising Event # Date of Fundraiser Letter	Description					
Location: Street Address			City		State	Zip Code
Was this fundraising event hosted at a personal resid	lence?	Yes No	if yes, go to Section J3 In-Kind Dona complete required information for pu invitations.			nd
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 No	If yes, to to Section J3 In-Kind Donat complete required information.	tions not Considered Con	ntributions and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes No	(If yes, enter Total Receipts here.)			
			To	tal of Section J1		

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)								
NAME OF COMMITTEE (Provide	ORT							
Sharon For A Better CT October 10 Filing - Original				al				
Name of the Donor								
Street Address			City		State	Zip Code		
Donation Given by: Individual	Description of Donation		-		Fair	Market Value of Donation		
Business Entity	Date Received	Event #		Aggregate value for this event				
Sole Proprietorship								
				Total of Section J3				

Page 16 of 21

III. NONMONETARY RECEIPTS (Sections K - M)

NAME OF COMMITTEE	TYPE OF REPORT
Sharon For A Better CT	October 10 Filing - Original
K. In-Kind Contributions	

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

III. Non Monetary Receipts (Sections K - M)								
NAME OF COMMITTEE (Provide Complete Name as Registered v	E OF RE	PORT						
Sharon For A Better CT			C	ctober 10 Fili	ng - Origin	al		
L. Refundable Deposit to	o Tel	ephone Company						
Last Name of Individual		First Name	MI Date I		Deposit Made			
Residential Street Address	Ci	ty	State	Zip Code		Amount of Deposit		
Name of Telephone company								
Street Address	City		Zip Code					
Total of Section L								

Page	17	of 21
------	----	-------

III. NONMONETARY RECEIPTS (Sections K - M)

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

Page 18 of 21

IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYP							PE OF REPORT			
Sharon For A Better CT October 10								iling - Original		
N. Expenses Paid By Committee										
Name of Payee Date of Payment DEMOCRRACY ENGINE 09/04/2014						Method of Payment Check # X Debit Card				
Street Address 850 Quincy St	City Washington					State Zip Code DC 20011				
Purpose of Expend WEB	Description							Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Event # (if applicable)						4	\$4.52			
Name of Payee Date of Payment DEMOCRRACY ENGINE 09/29/2014						Method of Payment Check # X Debit Card				
Street Address 850 Quincy St			City Washington				State DC	Zip Code 20011		
Purpose of Expend WEB	Description							Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No	Expend (if appl			Event #	ė		\$15.07		
						Total of	f Section N	\$19.59		

Page 19 of 21

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE								PE OF REPORT	
00						October 10 Filing - Original			
O. Expenses Paid By Candidate									
Name of Payee (Name of vendor who candidate paid directly)					of Payme	nt	Is Reimburseme Y	ent Claimed? Yes	No
Street Address	City State Zip				Zip Cod	2		Amount	
Purpose of Expenditure (by code)	Description			Event	#				
	Total of Section O								

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT			
Sharon For A Better CT						October 10 Filing - Original			
P. Expenses Incurred on Committee Credit Card									
Name of Issuing Institution			T	ype of Credit Card: Visa Other	Master	r Card D	iscove	er	American Express
Name of Vendor								Date of Tra	nsaction
Street Address			City					State	Zip Code
Purpose of Expenditure (by code)	Description								Amount
Is this expenditure coordinated w which reimbursement is sought? If yes, assign an Expenditure # ar	ith another candidate for nd complete Itemization in Addendum	Yes No		enditure # pplicable)	Eve	nt #			
						Total of Sect	ion F	•	

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF							REPORT	
Sharon For A Better CT October 10 Filing - C								
Name of Creditor						Date Incurre	ed .	
Street Address City							Zip Code	
Purpose of Expenditure (bv code)	Description						unt Incurred ate or Actual)	
Is this expenditure coordinated with another candidate for which Yes Expenditure # (if applicable) No If yes, assign an Expenditure # and completes Itemization in Addendum Q								

		IV. EXPENDITURES	(Sections N -	S)				
NAME OF COMMITTEE (Provide C	Complete N	ame as Registered with Comm	nission)			TYPE OF REF	ORT	
Sharon For A Better CT October 10 Filing - Origin						nal		
R.]	ltemizatio	on of Reimbursements to (Committee Wo	rkers and C	Consul	tants		
Last Name of Worker/Consultant		First		MI	Date	e of Payment	Method o	f Payment
								neck # Debit Card
Secondary Payee								
Street Address			City				State	Zip Code
Purpose of Expenditure (by code)	Descriptio	on						Amount
Is this expenditure coordinated with another cand which reimbursement is sought?	idate for	Yes	Expend (if appl			Event #	•	
If yes, assign an Expenditure # and completes	Itemization in	No Addendum R						
			•			•		

Total of Section R

IV. EXPENDITURES (Sectuibs N - S)							
NAME OF COMMITTEE (Provide Complete Name as Register		TYPE OF REPORT					
Sharon For A Better CT			October 10 Filing - Original				
S. Surplus Distribution of Equipment and Furniture							
Name of Recipient							
Street Address	City	State	Zip Code	Original Purchase Amount of Item			
Description of Item		I					
			Total of Section S				