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



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Page 1 of 25

# **COVER PAGE**

1.NAME OF COMMITTEE							2. TYPE OF COMMITTEE			
Pelto 2014*							Candidate Committee Exploratory Committee			
3. TREASURER NAME										
First Theodore	I Strales									
4. TREASURER ADDRESS										
Street Address		City			State		Zip Code			
14 Niles Dr		Mancl	hester		ст		06040			
5. ELECTION DATE	6. OFFICE SOUGHT ( Co	omplete oi	nly if Candidate	Committee)		7. DISTR	RICT NUMBER ( if applicable			
11/04/2014	Undetermined									
8. CANDIDATE NAME (Complete only if Complete only if Comp	Candidate or Exploratory Co	ommittee	e)							
First Jonathan			MI	Last Pelto			Suffix			
9. TYPE OF REPORT										
Termination Report for Candidate	and Exploratory Com	mittee	s (Non Sta	ndard) - Original						
10. PERIOD COVERED										
	Beginning Date			Ending Date						
	05/20/2014	thru	ı	06/26/2014						
11. CERTIFICATION										
✓ I hereby certify and state,	on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true,									
Electronic Filing	Christine Ladd			07	/08/2014 5	5:28:04PN	4			
SIGNATURE	PRINT NAME OF THE	E SIGNE	∃R	DA	TE CERTIFIED					
PENA	LTY FOR FALSE STATEM			E BY FINE NOT TO EXCEED AN ONE YEAR, OR BOTH.	\$1,000, OR IM	iPRISONMI	ENT			

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					
Pelto 2014*	Termination Report for Candidate and Explo Standard) - Original	oratory Committees (Non				
	COLUMN A This Period	COLUMN B Aggregate				
12. Balance on hand from day Committee was formed		\$0.00				
13. Balance on hand at the beginning of Reporting Period	\$0.00					
14. Contributions received from Individuals (Section A and B)	\$4,435.00	\$4,435.00				
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)	\$4,435.00	\$4,435.00				
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$4,435.00	\$4,435.00				
20. Expenses Paid by Committee (Section N)	\$4,435.00	\$4,435.00				
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$0.00	\$0.00				
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00				
23. In-Kind Contributions Received (Section K)	\$91.62	\$91.62				
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 01 25	
	NETARY RECEIPTS	S (Se	ction A-I)	l				
NAME OF COMMITTEE (Provide Complete Name as Regis	tered with Commission)				TYPE OF REPORT  Termination Report for Candidate and Exploratory			
Pelto 2014*				1	Committees (Non Standard) - Original			
A. Total Contributions from Small Contributors	s-Received this Period	d ON	NLY		For Nonpartic	ipating Cand	lidates ONLY	
B. Itemi	zed Contributions from	Ind	ividuals					
Last Name		First				MI	Contribution ID #	
Brown			Richard			С	0001	
Residential Street Address		City				State	Zip Code	
52 Douglas Dr			Canterbury			СТ	06331	
Principal Occupation	•		Name of Employe	r		•	•	
Director of Member Services			CT Ass	n of Heal	th Care Facilities			
Is contributor a principal of a state contractor or prospective state contractor?	Yes X No		Is contributor a lo dependent child of		se, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of  Executive	Legislative				x No			
government the contract is with:  Is this contribution associated with a Method of contril	<del></del>	Date I	Received	Aggregate (	Contributions	1		
fundraising event listed in Section J1?								
x No Cash	Personal Check	05/2	9/2014		\$100.00		\$100.00	
If yes, list Event #	r Credit/Debit Card		·					
Last Name	Last Name First					MI	Contribution ID #	
Friedrich			Brenda				0002	
Residential Street Address		City				State	Zip Code	
104 Springfield Rd			Somers			СТ	06071	
Principal Occupation			Name of Employe	r				
Retail			Russel	l Matthew	/ Corp			
Is contributor a principal of a state contractor or prospective state contractor?	Yes X No		Is contributor a lo dependent child of		se, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:	Legislative				x <sub>No</sub>			
Is this contribution associated with a Method of contrib	oution:	Date I	Received	Aggregate (	Contributions	1		
fundraising event listed in Section J1?  Yes  X  No  Cash	X Personal Check	05/2	9/2014	\$100.00			\$100.00	
If yes, list Event #	r Credit/Debit Card	03/2	.5/2011		Ψ100.00		<b>4100.00</b>	
Last Name		First				MI	Contribution ID #	
Hall			Linda			М	0003	
Residential Street Address		City				State	Zip Code	
124 Wildcat Hill Rd			Harwinton			СТ	06791	
Principal Occupation			Name of Employe	r				
Teacher			New M	ilford BOI	E			
Is contributor a principal of a state contractor or prospective state contractor?	Yes X No		Is contributor a lo dependent child of		se, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:	Legislative				x No			
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution associated with a fundraising event listed in Section J1?	bution:	Date I	Received	Aggregate (	Contributions	]		
If yes, list Event #	Personal Check  Credit/Debit Card	05/2	9/2014		\$100.00		\$100.00	
<u> </u>						1		

Page 4 of 25

I. MONETARY RECEIPT	S (S	ection A-I)	1				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT							
Pelto 2014*  Termination Report for Candidate and Exploratory Committees (Non Standard) - Original							
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First			MI	Contribution ID #		
McNichols		Alan		В	0004		
Residential Street Address	City			State	Zip Code		
198 Foxwood Rd		Stamford		СТ	06903		
Principal Occupation		Name of Employ	er				
None		None					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	Is contributor a li 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>				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?			86 .8				
X No Cash X Personal Check	05/	29/2014	\$100.00		\$100.00		
If yes, list Event #							
Last Name	First			MI	Contribution ID #		
Murphy		Sean		Р	0005		
Residential Street Address	City			State	Zip Code		
6 Morgan Pl		Avon		СТ	06001		
Principal Occupation		Name of Employ	er				
CPA		Spect					
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution		
If yes, indicate which branch or branches of  Executive Legislative			x <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?	Date	Received	Aggregate Contributions				
X No Cash X Personal Check	05/	29/2014	\$100.00		\$100.00		
If yes, list Event #			Ţ				
Last Name	First			MI	Contribution ID #		
Valenti		Matthew		Р	0006		
Residential Street Address	City			State	Zip Code		
20 Tanglewood Rd		New Hartford	l	СТ	06057		
Principal Occupation		Name of Employ	er				
Music Teacher			igton BOE				
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				
government the contract is with.	Doto	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
X No Cash X Personal Check	05/	29/2014	\$100.00		\$100.00		
If yes, list Event #			·				
Last Name	First			MI	Contribution ID #		
Weston		Thomas		Р	0007		
Residential Street Address	City			State	Zip Code		
158 Beebe Farms Rd		Coventry		СТ	06238		
Principal Occupation		Name of Employ	er				
Business Management		UConi					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of							
government the contract is with:  Is this contribution associated with a Method of contribution:  Method of contribution:	Doto	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Date	ACCUIVEU	regregate Continuations				
X No Cash X Personal Check	05/	29/2014	\$100.00		\$100.00		
If yes_list Event # Money Order Credit/Debit Card	I ''	*	1	1	•		

Page 5 of 25

I. MONETARY RECEIPT	S (S	ection A-I)	1				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT							
Pelto 2014*  Termination Report for Candidate and Exploratory  Committees (Non Standard) - Original							
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Worsley		David		Α	0008		
Residential Street Address	City			State	Zip Code		
11 Copper Beech Dr		Rocky Hill		СТ	06067		
Principal Occupation  Supervisor		Name of Employ					
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a le	obbyist, spouse, or  for lobbyist?  Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of	U	dependent child of	if 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	05/	29/2014	\$100.00		\$100.00		
If yes, list Event #	03/	25,2011	<b>\$100.00</b>				
Last Name	First			MI	Contribution ID #		
Aaronsohn		Elizabeth		N	0009		
Residential Street Address	City			State	Zip Code		
424 Commonwealth Ave	<u> </u>	New Britain		СТ	06053		
Principal Occupation		Name of Employ					
retired professor  Is contributor a principal of a state contractor or prospective state contractor?		retired	obbyist spays or	Amor	ant of Contribution		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	0	dependent child of	Vac	Alliou	in 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	1			
Tundraising event listed in Section J1?							
If yes, list Event # Cash Credit/Debit Card	06/	02/2014	\$25.00		\$25.00		
Last Name	First			MI	Contribution ID #		
Bestor		John		R	0010		
Residential Street Address	City			State	Zip Code		
24 Walnut Tree Hill Rd		Sandy Hook		СТ	06482		
Principal Occupation		Name of Employ	er				
School Psychologist			oort BOE				
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?	Amou	unt of Contribution		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>				
government the contract is with.  Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions	1			
Tundraising event listed in Section 31?							
If yes, list Event # Cash Money Order Credit/Debit Card	06/	02/2014	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Burnham		Mary		Е	0011		
Residential Street Address	City			State	Zip Code		
24 Walnut Tree Hill Rd		Sandy Hook		СТ	06482		
Principal Occupation		Name of Employ					
Educational Consultant			mployed	<del></del>			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	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 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 X Personal Check  No Money Order Credit/Debit Card	06/	02/2014	\$50.00		\$50.00		

Page 6 of 25

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Pelto 2014*  Termination Report for Candidate and Exploratory Committees (Non Standard) - Original								
B. Itemized Contributions from	n Ind	lividuals	Committees (Non Standard)	Original				
Last Name	First			MI	Contribution ID #			
Cibes		Margaret		С	0012			
Residential Street Address	City			State	Zip Code			
31 Woodland St # 12B		Hartford		СТ	06105			
Principal Occupation		Name of Employ	er	•	•			
Retired		None						
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		dependent child of	of a lobbyist?					
government the contract is with:	D-4-	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	06/	02/2014	±100.00		±100.00			
If yes, list Event # Money Order Credit/Debit Card	06/	02/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Cibes, Jr	FIISt	William		J	0013			
Residential Street Address	City	vviiiiaiii		State	Zip Code			
21 Woodland St # 12B	City	Hartford		CT	06105			
Principal Occupation	<u> </u>	Name of Employ	er	CI	00103			
Retired		None	Ci					
			obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	o	dependent child of	Vac					
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	06/	02/2014	\$100.00		\$100.00			
If yes, list Event #		, .	,					
Last Name	First			MI	Contribution ID #			
Conway		Andrea		J	0014			
Residential Street Address	City			State	Zip Code			
37 Vintage Rd		Trumbull		СТ	06611			
Principal Occupation		Name of Employ	er		•			
Retired		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	5	dependent child of	or a robbyist?					
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	06/	02/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Conway	11130	Roger		T	0015			
Residential Street Address	City	Roger		State	Zip Code			
37 Vintage Rd	City	Trumbull		CT	06611			
Principal Occupation		Name of Employ	er	C.	1 00011			
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?	2	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of	J	dependent child of	or a robbyist?					
government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tulidasing event instead in Section 71:								
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	06/	02/2014	\$100.00		\$100.00			

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Pelto 2014*  Termination Report for Candidate and Exploratory Committees (Non Standard) - Original								
B. Itemized Contributions from	n Ind	lividuals	Committees (Non Standard)	Original				
Last Name	First			MI	Contribution ID #			
Сох		Mary Anne			0016			
Residential Street Address	City			State	Zip Code			
14 Odell Ave		Milford		СТ	06460			
Principal Occupation		Name of Employ	er					
retired		retire	d					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	Is contributor a l dependent child of	obbyist, spouse, or  of a lobbyist?  Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of  Executive Legislative		dependent china (	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 X Personal Check	06/	02/2014	\$50.00		\$50.00			
If yes, list Event #	00,	02,201.						
Last Name	First			MI	Contribution ID #			
Guiliani		Anthony			0017			
Residential Street Address	City			State	Zip Code			
49 Camore St		Stamford		СТ	06905			
Principal Occupation		Name of Employ	er	-	-			
Teacher		Bridge	eport BOE					
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 <sub>No</sub>					
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 # Money Order Credit/Debit Card	06/	02/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Linker	FIISt	Ronald		IVII	0018			
Residential Street Address	City	Ronald		State	Zip Code			
6 Beech Rd	,	Lebanon		CT	06249			
Principal Occupation		Name of Employ	er					
Educator		Hartfo	ord Public Schools					
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	3	dependent child of	or a robbyist?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash Cash Personal Check  Money Order Credit/Debit Card	06/	02/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Ladd	1 1130	Christine		A	0030			
Residential Street Address	City	0000		State	Zip Code			
14 Niles Dr		Manchester		СТ	06040			
Principal Occupation		Name of Employ	er		•			
School Counselor		Hartfo	ord Public Schools					
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	a loodyist?					
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		02/2011	+100.00		+100.00			
If yes, list Event # Money Order Credit/Debit Card	06/	02/2014	\$100.00		\$100.00			

Page 8 of 25

I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT						
Pelto 2014*  Termination Report for Candidate and Exploratory  Committees (Non Standard) - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Milone		Anne		L	0020	
Residential Street Address	City			State	Zip Code	
73 Bundy Hill Rd		Lisbon		СТ	06351-3204	
Principal Occupation		Name of Employ	er			
Retired Teacher		Retire	ed			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	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		dependent enna e	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	Received	Aggregate Contributions			
X No Cash X Personal Check	06/	02/2014	\$100.00		\$100.00	
If yes, list Event #	00,	02,201.	Ψ100.00			
Last Name	First			MI	Contribution ID #	
Noel, Jr		Don		0	0021	
Residential Street Address	City			State	Zip Code	
141 Ridgefield Ave		Hartford		СТ	06112	
Principal Occupation		Name of Employ	er			
Retired		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		dependent child c				
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			
X No Cash X Personal Check	06/	02/2014	¢100.00		¢100.00	
If yes, list Event # Money Order Credit/Debit Card	00/	02/2014	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Nosal		Thomas		E	0022	
Residential Street Address	City			State	Zip Code	
158 Pearl St		Middletown		СТ	06457	
Principal Occupation		Name of Employ	er		•	
Civil Engineer		State	of CT DEEP			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or  of a lobbyist?  Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of		dependent child of	I a loooyist:			
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	06/	02/2014	¢100.00		¢100.00	
If yes, list Event # Money Order Credit/Debit Card	06/	02/2014	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Novack, Jr	1 1130	Richard		Н	0023	
Residential Street Address	City	Tuerrara		State	Zip Code	
57 Tyler Ave		West Haven		СТ	06516	
Principal Occupation		Name of Employ	er		1	
English Teacher		Fairfie	eld Public Schools			
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	U	dependent child of	a loodyist?			
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 Cash Personal Check	06/	02/2014	\$20.00		\$20.00	

Page 9 of 25

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Pelto 2014*  Termination Report for Candidate and Exploratory Committees (Non Standard) - Original								
B. Itemized Contributions from	n Ind	lividuals	Commission (Non-Clandard)					
Last Name	First			MI	Contribution ID #			
Retelle		Ellen		М	0024			
Residential Street Address	City			State	Zip Code			
295 Ciderbrook Rd		Avon		СТ	06001			
Principal Occupation  Professor		Name of Employ						
			obbyist, spouse, or	Amou	unt of Contribution			
If was 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 fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions					
X No Cash Personal Check	06.4	22/2014	+400.00		+100.00			
If yes, list Event # Money Order Credit/Debit Card	06/0	02/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Sawtelle		Holly-Marie			0026			
Residential Street Address	City			State	Zip Code			
17 Fieldstone Dr		Storrs		СТ	06268			
Principal Occupation		Name of Employ	er		•			
Teacher		Some	rs Board of Education	-				
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		аеренает сппа с						
government the contract is with:  Executive Legislative		D 1 1						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	06/	02/2014	\$100.00		\$100.00			
If yes, list Event # Money Order Credit/Debit Card	06/1	32/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Silver		Adam		D	0027			
Residential Street Address	City			State	Zip Code			
71 Aiken St Apt Q5		Norwalk		СТ	06851			
Principal Occupation		Name of Employ						
Special Education Teacher			ford Public Schools					
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?	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?  Yes  Cash  Regresonal Check								
X No	06/0	02/2014	\$25.00		\$25.00			
				I				
Last Name	First	1		MI	Contribution ID #			
Tesbir Residential Street Address	City	Lorena		J State	O028 Zip Code			
98 Brown Brook Rd	City	Southbury		CT	06488			
Principal Occupation		Name of Employ	er	<u> </u>				
Educator		Danbı	ury Board of Education					
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	1 a 1000yist?					
government the contract is with:  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	06/	02/2014	\$50.00		\$50.00			
If yes, list Event #	""	J-/ 2017	φυ.00	I	430.00			

Page 10 of 25

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Pelto 2014*  Termination Report for Candidate and Exploratory Committees (Non Standard) - Original								
B. Itemized Contributions from	m Ind	lividuals	Committees (Non Standard)	Original				
Last Name	First			MI	Contribution ID #			
Tokarz		Melanie			0029			
Residential Street Address	City			State	Zip Code			
32 Lynn Heights Rd	L	Torrington		СТ	06790			
Principal Occupation		Name of Employ	er					
Teacher			f Hartford					
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 <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	06/0	02/2014	\$25.00		\$25.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Littman		Sarah		D	0019			
Residential Street Address	City			State	Zip Code			
94 Valleywood Rd	<u> </u>	Cos Cob		СТ	06807			
Principal Occupation		Name of Employ						
Author/Comumnist			mployed					
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	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		<b>F</b>	x <sub>No</sub>					
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 X Personal Check	06/0	02/2014	\$100.00		\$100.00			
If yes, list Event #	00,		Ψ100.00					
Last Name	First			MI	Contribution ID #			
Rick		Margaret		E	0025			
Residential Street Address	City			State	Zip Code			
500 Mountain Rd		West Hartfor	d	СТ	06117			
Principal Occupation		Name of Employ	er					
Edcuator		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No.	0	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		аеренает сппа с	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					
X No Cash X Personal Check	06/	02/2014	\$100.00		\$100.00			
If yes, list Event #	00/	32/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Spies		Wayne		Т	0033			
Residential Street Address	City			State	Zip Code			
127 Santa Fe Ave		Hamden		СТ	06517			
Principal Occupation		Name of Employ	er	-	•			
College Professor		Iona (	College					
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No	0	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  Executive Legislative		Sima	x No					
Is this contribution associated with a Mathed of contribution.	Doto	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	received	15510gate Contributions					
X No Cash X Personal Check	06/	03/2014	\$100.00		\$100.00			
If yes, list Event # Money Order	1 '	•	,	I	•			

I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT						
Pelto 2014*  Termination Report for Candidate and Exploratory  Committees (Non Standard) - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Pezzulo		James		J	0032	
Residential Street Address	City			State	Zip Code	
43 Ludlow Rd		Windsor		СТ	06095	
Principal Occupation		Name of Employ	er			
Teacher			ord Public Schools			
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 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 T	06/	03/2014	\$20.00		\$20.00	
If yes, list Event #	<u> </u>					
Last Name	First			MI	Contribution ID #	
Curtiss		Cheryl		L	0031	
Residential Street Address	City			State	Zip Code	
3 Turner Rd	<u> </u>	Northfield		СТ	06778	
Principal Occupation		Name of Employ Retire				
Is contributor a principal of a state contractor or prospective state contractor?			obbyict chause or	Amou	ant of Contribution	
Yes X N	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 Section 119 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	06/	03/2014	\$100.00		\$100.00	
					1	
Last Name	First			MI	Contribution ID #	
Sumple Residential Street Address	City	Coreen		E	0034 Zip Code	
81 Mary Catherine Cir	City	Windsor		State CT	06095	
Principal Occupation		Name of Employ	er	Ci	00093	
HR Director			ard Builders, Inc			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution	
Yes 🔼 N	О	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 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	06/	03/2014	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Tomasko	FIISt	Donna		M	0035	
Residential Street Address	City	Domia		State	Zip Code	
8 Greenwood Cir		Seymour		СТ	06488	
Principal Occupation		Name of Employ	er		1	
Techer		Сооре	erative Educational Services			
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	1 a 1000yist?			
government the contract is with:		L.,	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	06.0	03/2014	#100 00		¢100 00	
If yes_list Event # No Money Order Credit/Debit Card	1 06/	03/2014	\$100.00	1	\$100.00	

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Pelto 2014*  Termination Report for Candidate and Exploratory  Committees (Non Standard) - Original								
B. Itemized Contributions from	m Ind	lividuals	Commission (Non-Clandard)					
Last Name	First			MI	Contribution ID #			
deVicchis		Mary		М	0036			
Residential Street Address	City			State	Zip Code			
35 Lorraine Dr E	L	Storrs		СТ	06268			
Principal Occupation		Name of Employ						
Teacher  Is contributor a principal of a state contractor or prospective state contractor?			field BOE obbyist, spouse, or	Amou	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	dependent child of	Vac	Amou	nt 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					
Tundraising event listed in Section 31:								
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	06/0	05/2014	\$100.00		\$100.00			
L AV	F: .			L	Lo chi Du			
Last Name  deVries	First	Dianne		MI K	Contribution ID # 0037			
Residential Street Address	City	Dialille		State	Zip Code			
40 Owen St Unit 6	,	Hartford		СТ	06105			
Principal Occupation		Name of Employ	er					
Educational Consultant		Self-e	employed					
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	5	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?  Method of contribution:  Yes	Date	Received	Aggregate Contributions					
Cash X Personal Check	06.0	25/2014	+400.00		+100.00			
If yes, list Event # Money Order Credit/Debit Card	06/0	05/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Godbout		Eileen		E	0039			
Residential Street Address	City			State	Zip Code			
187 Griswold Rd		Wethersfield		СТ	06109			
Principal Occupation		Name of Employ	er					
Teacher		Manch	hester Pulic Schools					
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 <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?			1.00.10.10.10.10.10.10.10.10.10.10.10.10					
X No Cash X Personal Check	06/0	05/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Gunther		Fredericka		Р	0040			
Residential Street Address	City			State	Zip Code			
123 Pennsylvania Ave	<u> </u>	Niantic		СТ	06357			
Principal Occupation  Teacher		Name of Employ NA	er					
			obbyist, spouse, or	Amou	unt of Contribution			
Yes X 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	1				
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	06/0	05/2014	\$100.00		\$100.00			

L MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(	,	TYPE OF REPORT		
Pelto 2014*			Termination Report for Candid Committees (Non Standard) -		oratory
B. Itemized Contributions from	m Ind	lividuals	Commission (Non-Clandard)		
Last Name	First			MI	Contribution ID #
Haddad		Kevin		Α	0041
Residential Street Address	City			State	Zip Code
123 Haddad Dr	L	Danbury		СТ	06810
Principal Occupation  Teacher		Name of Employ	er ury Public Schools		
			obbyist, spouse, or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No	0	dependent child of	·		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions		
Cash X Personal Check	06.4	05/2014	+400.00		+100.00
If yes, list Event # Money Order Credit/Debit Card	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #
Halabi		Jonathan		D	0042
Residential Street Address	City			State	Zip Code
325 E 201st St GF		Bronx		NY	10458
Principal Occupation		Name of Employ	er		
Teacher			Dept of Education		
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x <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?			86 18		
X No Cash X Personal Check	06/0	05/2014	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Payne		Mary		D	0045
Residential Street Address	City	DI 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		State	Zip Code
400 Princeton Ave Principal Occupation	<u>.                                    </u>	Philadelphia Name of Employ	or .	PA	19111
Retired		Retire			
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	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	06.4	25/2014	±100.00		±100.00
If yes, list Event # Money Order Credit/Debit Card	06/0	05/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Healy		Christopher		С	0043
Residential Street Address	City			State	Zip Code
27 Dorchester Rd	L	Wethersfield		СТ	06109
Principal Occupation		Name of Employ			
Director Business Development			nit Financial	Amor	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?	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:			No		
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?  Yes  Yes  Cash  Personal Check					
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	06/0	05/2014	\$100.00		\$100.00

I. MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		<del></del>	TYPE OF REPORT		
Pelto 2014*			Termination Report for Candid Committees (Non Standard) - (		oratory
B. Itemized Contributions from	m Ind	lividuals	Committees (Non Standard) - V	Original	
Last Name	First			MI	Contribution ID #
Faber		Jeannette		С	0038
Residential Street Address	City			State	Zip Code
200 Front St		New Haven		СТ	06513
Principal Occupation		Name of Employ	er	-	
		Fairfie	eld Public Schools		
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 robbyrst?		
government the contract is with:	-	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	06/	05/2014	¢100.00		¢100.00
If yes, list Event # Money Order	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #
Janensch	1 1150	Gail		E	0044
Residential Street Address	City			State	Zip Code
3030 Park Ave COTTAGE 12		Bridgeport		СТ	06604
Principal Occupation		Name of Employ	er		1
Retired		Retire	ed		
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	U	dependent child of	of a lobbyist?		
government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Society 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31?					
If yes, list Event # Cash Credit/Debit Card	06/	05/2014	\$20.00		\$20.00
I w	Б			\ <i>a</i>	Louis B"
Last Name Andreo	First	Janet		MI N	Contribution ID # 0050
Residential Street Address	City	Janet		State	Zip Code
10 Sugar Hollow Ln	City	West Simsbu	rv	CT	06092
Principal Occupation		Name of Employ	-	<u> </u>	1 00032
Special Education Teacher			f Hartford		
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	0	dependent child of	-		
government the contract is with:  Executive Legislative			x No		
Is this contribution associated with a Yes 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	06/	06/2014	\$100.00		\$100.00
LadVana	First			\n_	Contribution ID #
Last Name Andreo	FIISt	Loren, Jr.		MI J	Contribution ID # 0051
Residential Street Address	City	Loren, Jr.		State	Zip Code
10 Sugar Hollow Ln	City	West Simsbu	rv	CT	06092
Principal Occupation		Name of Employ	·	<u> </u>	1 00032
Real Estate Manager			o Family LTD Partnership		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution
	υ	dependent child of	a loodyist?		
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		
Talliand and special in Section 31:					
If yes, list Event # Cash Credit/Debit Card	06/	06/2014	\$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		
Pelto 2014*			Termination Report for Candid Committees (Non Standard) - (		oratory
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Rosa		Peter		М	0053
Residential Street Address	City			State	Zip Code
13 Cavendish Pl		Avon		СТ	06001
Principal Occupation Program Officer		Name of Employ Hartfo	<sup>er</sup> ord Foundation		
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	U	dependent child of	of a lobbyist?		
government the contract is with:  Executive Legislative	Б.	D : 1			
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event #		\$100.00			
Last Name	First			MI	Contribution ID #
Hoyt	1 1130	Deborah		R	0052
Residential Street Address	City			State	Zip Code
97 Maple Ave		Durham		СТ	06422
Principal Occupation	•	Name of Employ	er		
State Association President		CT As	soc. for Healthcare at Home	_	
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent enna c	x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?    X   No	06/	06/2014	\$50.00		\$50.00
	L .				
Last Name Cronin	First	Ann		MI P	Contribution ID # 0046
Residential Street Address	City			State	Zip Code
60 Goodwin Cir		Hartford		СТ	06105
Principal Occupation		Name of Employ	er		•
Educational Consultant		self e	mployed		
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	unt 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 Money Order Credit/Debit Card	06/	09/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Spain		Kate		D	0048
Residential Street Address	City			State	Zip Code
280 Grovers Ave		Bridgeport		СТ	06605
Principal Occupation		Name of Employ			
Graphic Design			mployed		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	0	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	06/	09/2014	\$25.00		\$25.00

Page 16 of 25

I, MONETARY RECEIPT	S (Se	ction A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				F REPORT		
Pelto 2014*				eport for Candidon on Standard) - 0		ploratory
B. Itemized Contributions from	m Ind	ividuals	•	·		
Last Name	First				MI	Contribution ID #
Spain		Peter			D	0049
Residential Street Address	City				State	Zip Code
280 Grovers Ave		Bridgeport			CT	06605
Principal Occupation		Name of Employe	er			
Graphic Design			mployed			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	Is contributor a lo dependent child o	bbyist, spouse, or	Yes	Am	ount of Contribution
If yes, indicate which branch or branches of		dependent ennu o	i a ioooyist:	x No		
government the contract is with:						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contribu	itions		
X No Cash X Personal Check	06.16	00/2014		+25.00		<b>+25.00</b>
If yes, list Event # Money Order Credit/Debit Card	06/0	09/2014	:	\$25.00		\$25.00
Last Name	First				MI	Contribution ID #
Scully	First	Christine			В	0047
Residential Street Address	City	Christine			State	Zip Code
2 Hancock Hill Dr	City	Worcester			MA	01609
Principal Occupation	<u> </u>	Name of Employe	er		1171	01003
Teacher			ster Public Scho	ools		
			obbyist, spouse, or		Am	ount of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	dependent child o	f a lobbyist?	Yes		
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 Contribu	utions		
fundraising event listed in Section J1?  Yes  Cash  Responsible Cash  Responsible Cash  Responsible Cash  Responsible Cash  Responsible Cash  Cash  Responsible Cash  Responsi						
If yes, list Event # Cash X Personal Check    Money Order	06/0	09/2014	\$:	100.00		\$100.00
If yes, list Event #	<u> </u>					
				Total of S	Section B	\$4,435.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section 1)	ions A	+ B) (Tot	al on Line 14 of Si	ummarv Page)		\$4,435.00
(		, ,	J	, 0,		
I. MONETARY RECEIPT	rs (se	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE	E OF REP	ORT
Pelto 2014*				Termination F	Report for C	Candidate and
1 6110 2014						(Non Standard) -
				Original		
C1. Contributions from Other Co	mmit	tees				
Name of Committee		Name of Treasure	r			
Address						Amount of Contribution
		oution associated wi event listed in Sect		Yes	No P	amount of Contribution
Tunk	u.siiig					
State Tim Co. J.	Doto D -	If yes, list Event #	1	ibutions		
City State Zip Code	Date Re	cerveu	Aggregate Contr	IOUUOIIS		
			1	Total of Secti	on C1	

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE						T	YPE OF REPOR	Т	
Pelto 2014*							n Report for Candios s (Non Standard) -	late and Exploratory	
	C2. Reimbursements, Pa	yments, or S	Surplus D	istributi	ions from other Co		o (rion otanidara)	Onga.	
Name of Committee					Name of Treasurer				
Address						Date Received		Amount of Receipt	
City		State	Zip Code		Reimbursement for s				
						Tot	tal of Section C2	2	
	I. MON	ETARY R	ECEIPT	ΓS (Sect	tion A-I)				
NAME OF COMMITTEE						ТҮРЕ (	OF REPORT		
Pelto 2014*							Report for Candidat (Non Standard) - O		
	D. Loa	ns Received	this Peri	od					
Name of Lender				Source of				Date of Receipt	
Street Address			City	Bank	c Candidate	Individua State	Other Zip Code	Is there a cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (if application)	ble)		l			l		Amount Received	
Street Address			City			State	Zip Code		
			•				Total of Section	D D	
	I. MON	ETARY R	ECEIPT	S (Sect	ion A-I)				
NAME OF COMMITTEE							TYPE OF REPO	ORT	
Pelto 2014*	Pelto 2014*  Termination Report for Candidate and Exploratory Committees (Non Standard) - Original								
E. Personal l	Funds of the Candidate Ro	eceived this	Period (C	Candidat	e Committees ON				
Date of Receipt	Method of Payment  Cash	Per	sonal Check		Credit/Debit Card			Amount	
						Total of	Section E		

I. M	onet	ary Receipts (Section A-I)								
NAME OF COMMITTEE					TYPE OF REPOR	Т				
Pelto 2014*					mination Report for Canonittees (Non Standard)					
G. Interest fr	om D	eposits in Authorized Accounts								
Name of Institution			I	ate Receiv	ved	Amount				
Street Address	City	y	State		Zip Code					
					Total of Section G					
I. MONI	ЕТАБ	RY RECEIPTS (Section A-K)								
NAME OF COMMITTEE					TYPE OF REPORT					
Pelto 2014*  Termination Report for Candidat Committees (Non Standard) - Or										
H. Public Grant Funds Received from the Citizens' Election Fund										
Purpose of Grant:  Initial Grant Adjustment  Supplemental/Post Election Deficit	irant Cyo		pecial El	ection	Date Received	Amount				
					Total of Section H					
I. Mo	ONE	TARY RECEIPTS (Section A-K)	)							
NAME OF COMMITTEE					TYPE OF REPOR	T				
Pelto 2014*					nination Report for Canon nmittees (Non Standard)					
I. Miscellaneous	Mone	tary Receipts not Considered Contri	butio	18						
Name				Date	of Transaction	Amount Received				
Street Address		City	Sta	te	Zip Code					
Description										
					Total of Section	ı				

Total of Section J3

	II. FUNDRAISIN	NG EVENT ACTI	VITY (	Section	ns J1 - J3	3)				
NAME OF COMMITTEE							TYPE OF	REP	ORT	
Pelto 2014*							Termination Report Exploratory Commit			
	J1. Fund	raising Event Inforn	mation							
Fundraising Event # Date of Fundraiser Letter	Description									
Location: Street Address	<u> </u>					City			State	Zip Code
Was this fundraising event hosted at a personal residence?  Yes if yes, go to Section J3 In-Kind Done complete required information for put No invitations.									e and	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?  Yes 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 of donated items with purchases from an individual of up to \$100?  Yes (If yes, enter Total Receipts here.)  No										
						T	otal of Section J1			
	II. FUNDRAISI	NG EVENT ACTI	IVITY (	(Section	ns J1 - J3	3)				
NAME OF COMMITTEE (Provide 0	Complete Name as Reg	istered with Commission	on)				TYPE OF RE	REPORT		
Pelto 2014*							ermination Report for 0 ommittees (Non Stand			Exploratory
	J3. In-Kind Donat	ions Not Considered	l Contri	butions						
Name of the Donor										
Street Address				City					State	Zip Code
Donation Given by:  Individual	Description of Donation									arket Value of Conation
Business Entity	Date Received	Event #			Agg	gregate value	for this event	1		
Sole Proprietorship										

Total of Section K

\$91.62

	III. NONMONET	ARY RE	CEIPTS (Section	ns K - M)				
NAME OF COMMITTEE					TYPE OF REP	ORT		
Pelto 2014*					Termination Report for Cand Committees (Non Standard)			
	K. In-Kind (	Contributi	ons					
Name Strelez L Theodore								
Street Address 14 Niles Dr				City Manchester		State CT	Zip Code 06040	
Is this contribution associated with a fundraising event listed in Section II? If yes, list Event#	Yes X No	Description PO Box	of In-Kind Contribution			•		
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a principal of a state contractor or prospective state  Is contributor a principal of a state contractor or prospective state  In the contract of this contribution a principal of a state contractor or prospective state  In the contract of this contribution a principal of a state contractor or prospective state  In the contract of this contribution a principal of a state contract or prospective state  In the contract of this contribution a principal of a state contract or prospective state  In the contract of this contribution a principal of a state contract or prospective state  In the contract of this contribution a principal of a state contract or prospective state  In the contract of this contribution a principal of a state contract or prospective state  In the contract of this contribution a principal of a state contract or prospective state  In the contract of this contribution a principal of a state contract or prospective state  In the contract of this contribution a principal of a state contract or prospective state  In the contract of this contribution a principal of a state contract or prospective state  In the contract of this contribution are principal of a state contract or prospective state  In the contract of this contribution are principal of a state contract or prospective state  In the contract of this contribution are principal of a state contract or prospective state  In the contract of this contribution are principal of a state contract or prospective state  In the contract of this contribution are principal of a state contract or prospective state  In the contract of this contribution are principal of a state contract or prospective state  In the contract of this contribution are principal or prospective state or prospec								
Type of Contributor:    x Individual   Committee	Sole Propri	etorship	Date Received 05/27/2014		Aggregate contributions \$91.62		\$64.00	
Name Strelez L Theodore								
Street Address 14 Niles Dr				City Manchester		State CT	Zip Code 06040	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#	Yes  X No	•	of In-Kind Contribution e, stamp, poly check	file				
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	contracto		of a state contractor or prosect branch or branches of thract is with:		Yes  x No  Legislative		larket Value of this Contribution	
Type of Contributor:    x Individual    Committee	Sole Propri	etorship	Date Received 05/27/2014		Aggregate contributions \$91.62		\$27.62	

Total of Section M

III. Non Monetary Receipts (Sections K - M)										
NAME OF COMMITTEE (Provide Complete Name as Registered with	Commis	ssion)			TYPE	OF REPO	ORT			
Pelto 2014*  Termination Report for Candidate and Exploratory Committees (Non Standard) - Original										
L. Refundable Deposit to Telephone Company										
Last Name of Individual	First N	ame			MI Date D		posit Made			
Residential Street Address C	City			State	Zip Code		Amount of Deposit			
Name of Telephone company					1					
Street Address City	у			State	Zip Code					
					Total of Se	ection L				
III. NONMONET	TARY 1	RECEIPTS (Se	ections 1	K - M)						
NAME OF COMMITTEE						OF REPOR				
Pelto 2014*					Termination Re Committees (No		didate and Exploratory l) - Original			
M. Non-Monetary Receipts of Organizati Legislative Caucus, and Party Committee					eadership,					
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONL	LY)		Name of T	reasurer						
Street Address					Date Notice	Received	Fair Market Value of Donation			
City	Zip Code		Aggregate D	onations						
Description of Donation			Purpose of	Expenditure B	С	)				

IV. EXPENDITURES (Sections N - S)											
NAME OF COMMITTE	E (Provide Complete Name as R	egistered with Commis	ssion)				ТҮРЕ (	OF REPOR	Γ		
Pelto 2014*							Termination Re		idate and Explorato	ory	
N. Expenses Paid By Committee											
Name of Payee Webster Bank						Date of Payr 06/21/20		=	ayment Check # Debit Card		
Street Address 1491 Silver La									Zip Code 06118		
Purpose of Expend	Transfer of funds to camapign account										
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)									\$4,435.00		
							Total of	Section N	\$4,43	5.00	
NAME OF COMMITTE	IV. E (Provide Complete Name as Ro	EXPENDITURE		tions N - S)			TY	PE OF REF	PORT		
							Exploratory (	Report for Ca Committees (I	indidate and Non Standard) -		
	O. Expe	enses Paid By Cand	idate				Original				
Name of Payee (Name of vendor	who candidate paid directly)					Date of Paym	ent	Is Reimburs	ement Claimed? Yes	No	
Street Address City State Zip Code							de		Amount		
Purpose of Expenditure (by code)											
							Tota	d of Section	o		

	IV. EXPENDITU	RES (Section	ns N -	S)						
NAME OF COMMITTEE (F	Provide Complete Name as Registered w	vith Commission	)			TYPE OF	REPORT			
Pelto 2014*						Termination Report for Committees (Non Sta				
	P. Expenses Incurred	d on Committe	ee Credi	it Card	<u> </u>					
Name of Issuing Institution				Type of Credit Card: Visa Other	Master (	Card Discov	er	American Express		
Name of Vendor							Date of Transaction			
Street Address				City			State	Zip Code		
Purpose of Expenditure (by code)	Description		·					Amount		
Is this expenditure coordinated with another candidate for Yes Expenditure # (if applicable)  If yes, assign an Expenditure # and complete Itemization in Addendum										
	Total of Section P									
	IV. EXPENDIT	URES (Section	ons N -	- S)						
NAME OF COMMITTEE (P	rovide Complete Name as Registered w	ith Commission)				TYPE OF	REPORT			
Pelto 2014*						Termination Report Exploratory Commit Original	for Candidate and ttees (Non Standard) -			
	Q. Expenses Incurred By Com	mittee but Not	Paid D	uring this Period						
Name of Creditor							Date Incurre	d		
Street Address		(	City				State	Zip Code		
Purpose of Expenditure (by code)	cription							unt Incurred ate or Actual)		
Is this expenditure coordinated with an reimbursement is sought?		Yes No		expenditure #  if applicable)	Event #					
If yes, assign an Expenditure # and con	npietes itemization in Audendum Q									
					Tota	l of Section Q				

Total of Section S

	IV. EXPENDI	TURES	(Sections N -	S)					
NAME OF COMMITTEE (Provide Comple	ete Name as Registered	with Comn	nission)			TYPE OF REP	ORT		
Pelto 2014*						ation Report for Ca ttees (Non Standar	Candidate and Exploratory dard) - Original		
R. Itemiz	zation of Reimburse	ments to (	Committee Wo	rkers and C	Consultants	·			
Last Name of Worker/Consultant	First			MI	Data of Boyen	.out	Method	l of Payment	
	First	First MI Date of Payn					,	Check #	
Secondary Payee								Debit Card	
Secondary 1 ayee									
Street Address			City				State	Zip Code	
Purpose of Expenditure Description (by code)								Amount	
Is this expenditure coordinated with another candidate for Wes Expenditure # (if applicable)  Event #									
If yes, assign an Expenditure # and completes Itemizat	No on in Addendum R	o							
					Total	of Section R			
	IV. EXPEN	DITURE	ES (Sectuibs)	N - S)					
NAME OF COMMITTEE (Provide Comple	ete Name as Registered	with Comn	nission)			TYPE OF REP	ORT		
Pelto 2014*						tion Report for Car tees (Non Standard			
	S. Surplus Distribu	tion of Eq	uipment and F	urniture					
Name of Recipient									
City State Zip Code							Original Purchase Amount of Item		
Description of Item	Description of Item								