SEEC FORM 30

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised February 2015



Electronic Filing

Do Not Mark in This Space For Official Use Only

Page 1 of 55

COVER PAGE

1.NAME OF COMMITTEE						2. TYPE OF COMMITTEE			
Mark for Comptroller						_ =	Candidate Committee Exploratory Committee		
3. TREASURER NAME									
First J Kenneth	MI Last Nowell						Suffix		
4. TREASURER ADDRESS									
Street Address		City			State	Z	Zip Code		
97 Hickory Rd		Torrin	ngton		СТ	0	06790		
5. ELECTION DATE	6. OFFICE SOUGHT (Con	mplete or	nly if Candidate	Committee)		7. DISTRI	ICT NUMBER (if applicable		
11/06/2018	State Comptroller								
8. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Co	mmittee	e)						
First Mark			MI D	Last Greenberg			Suffix		
9. TYPE OF REPORT									
April 10 Filing - Original									
10. PERIOD COVERED									
	Beginning Date			Ending Date					
	01/01/2018	thru	u	03/31/2018					
_11. CERTIFICATION									
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	J Kenneth Nowell			04/1	.0/2018 2:	:32:16PM			
SIGNATURE	PRINT NAME OF THE	SIGNE	ER	DATE	CERTIFIED				
A Person who is found to have knowing to \$25,000, unless a fine of a larger a			-				of up		

SEEC FORM 30
Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE. (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	TYPE OF REPORT					
Mark for Comptroller	April 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	\$663.15						
14. Contributions received from Individuals (Section A and B)	\$7,340.00	\$26,515.00					
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00					
16. Other Monetary Receipts (Section D through I)	\$3,051.00	\$8,061.00					
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)	\$10,391.00	\$34,576.00					
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$11,054.15	\$34,576.00					
20. Expenses Paid by Committee (Section N)	\$10,031.81	\$33,553.66					
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$1,022.34	\$1,022.34					
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00					
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00					
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00					
25. Refundable Deposit to Telephone Company (Section L)	\$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)	\$1,112.29	\$1,827.59					
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)	\$8,254.00						
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$8,254.00						

Page 3 of 55

						1 age 5 01 55
I, MONETARY RECEIPT	S (Se	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT			
Mark for Comptroller			April 10	Filing - Original		
A. Total Contributions from Small Contributors-Received this Perio	d Ol	NLY		For Nonpartic \$0.00	ipating Cand	idates ONLY
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Epstein		Linda				0233
Residential Street Address	City				State	Zip Code
3100 S Ocean Blvd		Palm Beach			FL	33480-7033
Principal Occupation		Name of Employer				
Retired		None				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	Is contributor a lot dependent child of		se, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:				x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate	Contributions		
an event reported in Section J1? Yes Cash X Personal Check						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	08/2018		\$100.00		\$100.00
in yes, list Event #					<u> </u>	
Last Name	Last Name First				MI	Contribution ID #
Outwater		Tom				0234
Residential Street Address	City				State	Zip Code
31 Maple View Trl		Litchfield			СТ	06759
Principal Occupation		Name of Employer				
Homemaker		Homen				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a lob dependent child of		se, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna of	a loodyist:	x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate	Contributions		
an event reported in Section J1? Yes X No Cash Personal Check	01/	16/2018		\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	01/	10,2010		Ψ100.00		Ψ100.00
Last Name	First				MI	Contribution ID #
Mola		Christina				0235
Residential Street Address	City				State	Zip Code
125 Blue Trail Dr		Thomaston			СТ	06787
Principal Occupation		Name of Employer				
Homemaker		Homen	naker			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No			obyist, spou a lobbyist?	se, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		x No				
Is this contribution associated with on event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate	Contributions		
an event reported in section 31?						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	16/2018		\$100.00		\$100.00

Page 4 of 55

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Mark for Comptroller April 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Schless		Gary			0236			
Residential Street Address	City			State	Zip Code			
63 Munnisunk Dr	L .	Simsbury		СТ	06070			
Principal Occupation Real Estate Broker		Name of Employ CBRE	er					
			obbyist, spouse, or	Amou	unt of Contribution			
Yes X No	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/2	22/2018	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Whitney	FIISt	Walter		IVII	0237			
Residential Street Address	City	Walter		State	Zip Code			
220 Heinz St # R408		Pittsburgh		PA	15212			
Principal Occupation	•	Name of Employ	er		•			
Consultant		Walte	r Whitney	_				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amount of Contribution				
If yes, indicate which branch or branches of		dependent child of						
government the contract is with: Legislative Legislative	Dete	D						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	01/	23/2018	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	01,		Ψ100.00					
Last Name	First			MI	Contribution ID #			
Mettling		Katherine			0238			
Residential Street Address	City			State	Zip Code			
641 E Broadway	L.,	Haverhill		MA	01830			
Principal Occupation		Name of Employ						
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	obbyist, spouse, or	Amou	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	37	Aillot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/2	24/2018	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Mettling	FIISt	J. Thomas		IVII	0239			
Residential Street Address	City	3. 111011103		State	Zip Code			
641 E Broadway		Haverhill		MA	01830			
Principal Occupation	•	Name of Employ	er					
Real Estate Sales		J. Tho	mas Mettling, Realtor					
Is contributor a principal of a state contractor or prospective state contractor?	0	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		cina c	x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date							
X No	01/2	24/2018	\$100.00		\$100.00			

Page 5 of 55

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT							
Mark for Comptroller			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Buchsbaum		Jason			0240			
Residential Street Address	City			State	Zip Code			
291 Dublin Rd	L	Southbury		СТ	06488			
Principal Occupation		Name of Employ	er n and Wolf PC					
Attorney Is contributor a principal of a state contractor or prospective state contractor?			11.14	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	Vac	7 tinot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/2	25/2018	\$100.00		\$100.00			
				I				
Last Name	First			MI	Contribution ID #			
Marino Residential Street Address	City	Chris		M State	0255 Zip Code			
425 Old Middle St	City	Goshen		CT	06756			
Principal Occupation	<u> </u>	Name of Employ	er	Ci	00730			
Firearms			nn Gun Works inc					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/2	25/2018	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Gallo	1 1130	Paul		В	0256			
Residential Street Address	City			State	Zip Code			
515 Old Middle St		Goshen		СТ	06756			
Principal Occupation		Name of Employ	er		•			
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent enna (x No					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	01/2	25/2018	\$25.00		\$25.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Petta		Antonio			0242			
Residential Street Address	City			State	Zip Code			
1823 Litchfield Rd	L	Watertown		СТ	06795			
Principal Occupation Retired		Name of Employ Retire						
			-11	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	Vac	7 tinot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes Cash X Personal Check								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/2	27/2018	\$60.00		\$60.00			

Page 6 of 55

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Mark for Comptroller April 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Godin		Brian			0241			
Residential Street Address	City			State	Zip Code			
73 Lovely Dr		Watertown		СТ	06795			
Principal Occupation		Name of Employ						
Broker			Property Brokers LLC					
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	08/2018	\$100.00		\$100.00			
	l							
Last Name	First			MI	Contribution ID #			
Guarino	a:	Robert		a	0243			
Residential Street Address 742 Peck Ln	City	Chashins		State	Zip Code			
Principal Occupation		Cheshire Name of Employ	or	СТ	06410			
Lighting Specialist			y Efficient Lighting					
			obbyist, spouse, or	Amou	unt of Contribution			
Yes X No	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes Cash Personal Check								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	09/2018	\$100.00		\$100.00			
I you, is a treat of the control of								
Last Name	First			MI	Contribution ID #			
Landucci		Mark			0244			
Residential Street Address	City	Ti		State	Zip Code			
56 Oakbrook Ln	<u> </u>	Torrington	ou.	СТ	06790			
Principal Occupation HVAC Contractor		Name of Employ	cci Heating & Cooling Inc					
			obbvist, spouse, or	Amou	ant of Contribution			
Yes A No	0	dependent child of						
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with Separate spectral in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	14/2018	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Stewart	First	Timothy		IVII	0245			
Residential Street Address	City			State	Zip Code			
37 Blue Heron Dr		East Hampto	n	СТ	06424			
Principal Occupation	•	Name of Employ	er		1			
Engineer		Trane						
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		acpendent child (a lobbyist?					
government the contract is with: Legislative Legislative	Б.	D i 4						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	02/	14/2018	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card	02/	1,2010	φ 5 0.00		420.00			

Page 7 of 55

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Mark for Comptroller			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Nasiatka		Vivian			0246			
Residential Street Address	City			State	Zip Code			
110 Upland Meadow Rd		Salisbury		СТ	06068			
Principal Occupation		Name of Employ	er					
Accountant		Rockv	vell & Wheeler Accounting Se	rvices				
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	02/	15/2010	±100.00		+100.00			
If yes, list Event # Money Order X Credit/Debit Card	02/	15/2018	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Feldman	1 1130	Julia		1411	0247			
Residential Street Address	City	Juliu		State	Zip Code			
50 Hillandale Rd		Westport		СТ	06880			
Principal Occupation		Name of Employ	er					
Student Tudor		Stude	ent					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of)	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	17/2018	\$100.00		\$100.00			
T. AV	First			L	C C C D			
Last Name Morrison	FIISU	Thomas		MI C	Contribution ID # 0257			
Residential Street Address	City	THOMas		State	Zip Code			
222 Belgo Rd , PO Box 658	City	Lakeville		CT	06039			
Principal Occupation		Name of Employ	er	<u> </u>	1			
Retired		None						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	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 populate reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	02/	19/2018	\$100.00		\$100.00			
Lad Name	Eit				Contribution ID #			
Last Name Donohue	First	TJ		MI	Contribution ID # 0248			
Residential Street Address	City	13		State	Zip Code			
22 Country Club Dr	City	Simsbury		CT	06092			
Principal Occupation		Name of Employ	er	<u> </u>	1			
Lawyer		Self						
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 11?		a a /a a : -						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	20/2018	\$100.00		\$100.00			

Page 8 of 55

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Mark for Comptroller April 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Orchulli		Jack			0249			
Residential Street Address	City			State	Zip Code			
446 Hollow Tree Ridge Rd		Darien		СТ	06820			
Principal Occupation Retired		Name of Employ Retire						
			obbyist, spouse, or	Amou	ant of Contribution			
Yes X No)	dependent child of	Voc	7111100	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Cash Personal Check Cash Cash	02/2	20/2018	\$50.00		\$50.00			
	-							
Last Name	First	Mal		MI	Contribution ID #			
Brickman Residential Street Address	City	Mel		State	0250 Zip Code			
467 Wimbledon Gate N	City	Torrington		CT	06790			
Principal Occupation		Name of Employ	er	<u> </u>	00.30			
Broker Life & Health		Brickr	man Insurance Services					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amount of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	<u></u>					
government the contract is with:			x No					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	02/	24 (2040	+400.00		+400 00			
If yes, list Event # Money Order X Credit/Debit Card	02/2	21/2018	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Friedman		Aaron			0251			
Residential Street Address	City			State	Zip Code			
3 Rose Park Cres		Lakewood		NJ	08701			
Principal Occupation		Name of Employ	er					
Owner			Financial					
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? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/2	22/2018	\$100.00		\$100.00			
if yes, list event #								
Last Name	First			MI	Contribution ID #			
Friedman		Zeesy		-	0252			
Residential Street Address	City	Lakawaaad		State	Zip Code			
3 Rose Park Cres Principal Occupation		Name of Employ	er	NJ	08701-4867			
Homemaker			emaker					
			obbyist, spouse, or	Amou	ant of Contribution			
)	dependent child of	•					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Credit/Debit Card	02/2	22/2018	\$100.00		\$100.00			

Page 9 of 55

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Mark for Comptroller April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Rubinfeld		Barry			0258				
Residential Street Address	City			State	Zip Code				
56 Oak Ridge Dr	Щ,	Avon		СТ	06001				
Principal Occupation Real Estate		Name of Employ	^{er} Employed						
	-			Amou	unt of Contribution				
Yes X No)	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 an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
x No Cash Personal Check	02.6	22/2010	+400.00		+100.00				
If yes, list Event # Money Order Credit/Debit Card	02/2	22/2018	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Schwartz		Jeffrey			0271				
Residential Street Address	City			State	Zip Code				
949 E County Line Rd		Lakewood To	wnship	NJ	08701				
Principal Occupation		Name of Employ	er	-	•				
Insurance		Martir	າ Levy	-					
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	unt of Contribution				
If yes, indicate which branch or branches of		dependent cinia (
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	02/	23/2018	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card			Ţ-55.05						
Last Name	First			MI	Contribution ID #				
Friedman		Andrew			0272				
Residential Street Address	City			State	Zip Code				
431 1st St	Щ,	Lakewood		NJ	08701				
Principal Occupation		Name of Employ							
Lawyer Is contributor a principal of a state contractor or prospective state contractor?			er Levin Naftalis & Frankel LL obbyist, spouse, or		unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	ა	dependent child of	37	Amou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/2	23/2018	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Friedman	FIISt	Ahuva		IVII	0273				
Residential Street Address	City	711444		State	Zip Code				
431 1st St		Lakewood To	wnship	NJ	08701				
Principal Occupation		Name of Employ	er		•				
Social Worker		Chai I	Lifeline						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	D	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		cinu	x No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date		opropare Commounding						
X No	02/2	23/2018	\$100.00		\$100.00				

Page 10 of 55

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT								
Mark for Comptroller			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Sampson		Robert			0274				
Residential Street Address	City			State	Zip Code				
276 Bound Line Rd		Wolcott		СТ	06716				
Principal Occupation		Name of Employ							
Realtor Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Voc	Alliot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	24/2018	\$25.00		\$25.00				
				I					
Last Name	First	Calvatava		MI	Contribution ID #				
Pace Residential Street Address	City	Salvatore		A State	0263 Zip Code				
891A Heritage VIg	City	Southbury		CT	06488				
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	,	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check	02/	24/2010	#F0.00		+ F0.00				
If yes, list Event # 02262018D No Money Order Credit/Debit Card	02/.	24/2018	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
D'Abate		Pietro			0253				
Residential Street Address	City			State	Zip Code				
404 Neill Dr		Watertown		СТ	06795				
Principal Occupation		Name of Employ	er						
Retired		None							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		i	x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes X Cash Personal Check									
X No X Cash Personal Check If yes, list Event #	02/	25/2018	\$20.00		\$20.00				
ii yes, iist Event #									
Last Name	First			MI	Contribution ID #				
Phillips		George			0275				
Residential Street Address 20 Reichert Cir	City	Westport		State CT	Zip Code 06880				
Principal Occupation		Name of Employ	er	CI	00000				
Pilot		Unite							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of)	dependent child of	or a roodyrst?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? X No		25/2012			+75.00				
If yes, list Event # No Money Order X Credit/Debit Card	02/3	25/2018	\$75.00		\$75.00				

I, MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Mark for Comptroller	Mark for Comptroller April 10 Filing - Original				
B. Itemized Contributions from	n Inc	lividuals			
Last Name	First			MI	Contribution ID #
Amato		Ellen			0276
Residential Street Address	City			State	Zip Code
745 S Brooksvale Rd		Cheshire		СТ	06410
Principal Occupation		Name of Employ			
Bookkeeper			rmel Congregational Churc		
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? Ye		unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent ennu (x _N)	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Personal Check No	02/	26/2018	\$100.00		\$100.00
T. M	F: .			1,4	C (7 (ID))
Last Name	First			MI	Contribution ID #
Amato	C'i	Alan		Gr. i	0277
Residential Street Address	City	Charleina		State	Zip Code
745 S Brooksvale Rd		Cheshire		СТ	06410
Principal Occupation		Name of Employ			
Retired Engineer		Retire	obbyist, spouse, or	Ama	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of			unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x N		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	4	
an event reported in Section J1?	Bute	Treberred .	1 iggregate controlations		
X No Cash Personal Check	02/	26/2018	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	/	,	7		
Last Name	First			MI	Contribution ID #
Armeno		Anthony			0291
Residential Street Address	City			State	Zip Code
73 Peppertree Hill Rd S		Southbury		СТ	06488
Principal Occupation	-	Name of Employ	er		•
Retired		None			
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or		unt of Contribution
If yes, indicate which branch or branches of	0	dependent child of	a toobyist:		
government the contract is with: Executive Legislative			x N)	
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31:					
If yes, list Event # 02262018D Cash Personal Check Money Order Credit/Debit Card	02/	26/2018	\$60.00		\$60.00
Last Name	First			MI	Contribution ID #
Addison		Lori		G	0254
Residential Street Address	City			State	Zip Code
974 Southford Rd		Southbury		СТ	06488
Principal Occupation	•	Name of Employ	er	•	•
Realtor		Willia	m Raveis Real Estate		
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?	Amo	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x N		
government the contract is with:	Dot-	Received	Aggregate Contributions	<u>, </u>	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	02/	26/2018	\$35.00		\$35.00
If yes, list Event # 02262018D Money Order Credit/Debit Card	02/	20/2010	φυυ.υυ		ψ33.00

Page 12 of 55

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Mark for Comptroller April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Lancor		Mark			0264				
Residential Street Address	City			State	Zip Code				
349 Luna Trl		Southbury		СТ	06488				
Principal Occupation Officer		Name of Employ Dyma							
		,		Amou	unt of Contribution				
Yes X No	0	dependent child of	Voc	1 111100	int of Controllion				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 02262018D No Money Order Credit/Debit Card	02/	26/2018	\$100.00		\$100.00				
L AV	F: .			L	I c , i , i , m "				
Last Name	First	Jennifer		MI L	Contribution ID # 0265				
Naylor Residential Street Address	City	Jennie		State	Zip Code				
195 Homestead Raod		Southbury		СТ	06488				
Principal Occupation		Name of Employ	er						
Paralegal		Secor	Cassidy & McPartland						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	J	dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check	02/	26/2010	#3F 00		±25.00				
If yes, list Event # 02262018D No Money Order Credit/Debit Card	02/.	26/2018	\$35.00		\$35.00				
Last Name	First			MI	Contribution ID #				
Dunn		Mary			0266				
Residential Street Address	City			State	Zip Code				
257 Oak Hill Dr		Southbury		СТ	06488				
Principal Occupation		Name of Employ	er						
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		i	x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 02262018D No Cash X Personal Check Money Order Credit/Debit Card	02/	26/2018	\$70.00		\$35.00				
If yes, list Event # 02262018D									
Last Name	First			MI	Contribution ID #				
Secor		Barbara		W	0267				
Residential Street Address	City	C		State	Zip Code				
183B Heritage Vlg Principal Occupation		Southbury Name of Employ	or	СТ	06488				
Writer			ployed						
			abbriet anama ar	Amou	unt of Contribution				
Yes X No	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
all event reported in Section 31?									
If yes, list Event # 02262018D No San Service Cash Money Order Credit/Debit Card	02/	26/2018	\$25.00		\$25.00				

Page 13 of 55

I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Mark for Comptroller			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Lancor		Diane			0268
Residential Street Address	City			State	Zip Code
349 Luna Trl	<u> </u>	Southbury		СТ	06488
Principal Occupation		Name of Employ			
Manager		,	ix Inc.		
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of	obbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # 02262018D No Cash Credit/Debit Card	02/2	26/2018	\$100.00		\$100.00
If yes, list Event # OZZOZOTOD Intolley Order Intellegent Card					
Last Name	First			MI	Contribution ID #
Tolley		Christine		В	0269
Residential Street Address	City			State	Zip Code
54 Britiani Rd	Ь	Southbury		СТ	06488
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	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with an event concreted in Section 112	Date	Received	Aggregate Contributions	1	
an event reported in Section J1? Cash Responsal Check					
If yes, list Event # 02262018D No Cash Credit/Debit Card	02/2	26/2018	\$35.00		\$35.00
If yes, list Event # OZZOZOTOD I Money Order I Credit Debit Cald	L			<u> </u>	
Last Name	First			MI	Contribution ID #
Bertrand		Camille		J	0270
Residential Street Address	City			State	Zip Code
380 N Poverty Rd Unit 17		Southbury		СТ	06488
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution
Yes 🔼 N	0	dependent child of			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with an event of in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions		
all event reported in Section 31?					
If yes, list Event # 02262018D	02/2	26/2018	\$35.00		\$35.00
Tryon, in 2 tent in October 1981					
Last Name	First			MI	Contribution ID #
Calabrese		Domenick		N	0259
Residential Street Address	City			State	Zip Code
639 Quassapaug Rd	<u> </u>	Watertown		СТ	06795
Principal Occupation Judge		Name of Employ	n 22 Probate District		
			-1.1	Amor	unt of Contribution
Yes X N	0	dependent child of	Vac	7 111100	I commodition
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with A yes Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 31?					
If yes, list Event # 02262018D No X Cash Personal Check	02/2	26/2018	\$25.00		\$25.00

Page 14 of 55

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Mark for Comptroller April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Platt		Edward		Α	0260				
Residential Street Address	City			State	Zip Code				
536 Spruce Brook Rd		Southbury		СТ	06488				
Principal Occupation		Name of Employ	er						
Retired Is contributor a principal of a state contractor or prospective state contractor?		None Is contributor a l	obbyist, spouse, or	Amor	unt of Contribution				
Yes X No)	dependent child of	Voc		an or commount				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 02262018D No Money Order Credit/Debit Card	02/	26/2018	\$35.00		\$35.00				
L AV	г				I c , i , i , m "				
Last Name	First	John		MI G	Contribution ID # 0261				
Gray Residential Street Address	City	JOHN		State	Zip Code				
21 Patriot Rd		Southbury		СТ	06488				
Principal Occupation		Name of Employ	er						
Government Employee		Feder	al Government						
Is contributor a principal of a state contractor or prospective state contractor?	,		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:			x No						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	00.0	26/2010	+20.00		+20.00				
If yes, list Event # 02262018D No Money Order Credit/Debit Card	02/.	26/2018	\$30.00		\$30.00				
Last Name	First			MI	Contribution ID #				
Katzmark		Judith			0262				
Residential Street Address	City			State	Zip Code				
646B Heritage Vlg		Southbury		СТ	06488				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent enna e	x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	ł					
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash X Personal Check	02/	26/2018	\$35.00		\$35.00				
If yes, list Event # 02262018D				<u> </u>					
Last Name	First			MI	Contribution ID #				
Friedman		Esther			0278				
Residential Street Address	City			State	Zip Code				
1465 14th St		Lakewood		NJ	08701				
Principal Occupation Real Estate Professional Investor		Name of Employ							
			45 Corner Riverdale LLC obbyist, spouse, or	Amor	unt of Contribution				
Yes X No)	dependent child of		104					
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1? Yes Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	05/2018	\$100.00	1	\$100.00				

Page 15 of 55

I. MONETARY RECEIPT	S (Se	ection A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Mark for Comptroller	April 10 Filing - Original								
B. Itemized Contributions from Individuals									
Last Name Katz	First	Marc		MI	Contribution ID # 0279				
Residential Street Address	City			State	Zip Code				
6 Butler St	<u> </u>	Greenwich		СТ	06807				
Principal Occupation		Name of Employe							
Management			Management						
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	ls contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event #	03/0	05/2018	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Valentine	FIISt	Bob		IVII	0281				
Residential Street Address	City	DOD		State	Zip Code				
225 North St		Goshen		СТ	06756				
Principal Occupation		Name of Employe	er		1				
First Selectman		Town	of Goshen						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or General Advanced Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	a lobbyist?						
government the contract is with:			x No						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event #	03/0	06/2018	\$100.00		\$50.00				
	I			l	La . ii . m //				
Last Name Lopardo	First	Leonard		MI J	Contribution ID # 0280				
Residential Street Address	City			State	Zip Code				
466 Platt Hill Rd		Winchester		СТ	06098				
Principal Occupation		Name of Employe	er	-	•				
Real Estate Broker			hire Hathaway						
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	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes X Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/0	07/2018	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Lincoln		Betty			0283				
Residential Street Address	City			State	Zip Code				
246 Whistletown Rd	L	East Lyme		СТ	06333-1030				
Principal Occupation		Name of Employ							
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	abbreigt angues on	Amou	unt of Contribution				
Yes X N	0	dependent child o	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in section 11?									
X No Cash Personal Check	03/:	10/2018	\$50.00		\$50.00				

Page 16 of 55

I MONETA DV DECEMBER (C. C. A. D.								
I. MONETARY RECEIPT	S (Se	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Mark for Comptroller April 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Kaiser		Richard			0284			
Residential Street Address	City			State	Zip Code			
72 Westland Rd		Avon		СТ	06001			
Principal Occupation		Name of Employ	er					
Architect		Clohe	ssy Harris & Kaiser LLC					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodylst?					
government the contract is with:			x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/:	15/2018	\$100.00		\$100.00			
				l				
Last Name	First			MI	Contribution ID #			
Bernard		David		В	0285			
Residential Street Address	City			State	Zip Code			
104 Fiddlehead Way	<u></u>	Canton		СТ	06019			
Principal Occupation		Name of Employ						
Dentists			B Bernard, DDS	1				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent ennu (<u> </u>					
government the contract is with: Executive Legislative			X No					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # Money Order X Credit/Debit Card	03/:	15/2018	\$100.00		\$100.00			
1								
Last Name	First	_		MI	Contribution ID #			
Bernard		Jan		_	0286			
Residential Street Address	City			State	Zip Code			
104 Fiddlehead Way		Canton		СТ	06019			
Principal Occupation		Name of Employ						
Receptionist			B Bernard DDS					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	03/	15/2018	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	03/	13/2010	Ψ100.00		φ100.00 			
Last Name	First			MI	Contribution ID #			
Neckermann	1 1150	Jim		1411	0287			
Residential Street Address	City	31111		State	Zip Code			
2350 Chamberlain Hwy	City	Berlin		CT	06037			
Principal Occupation		Name of Employ	er	<u> </u>	00037			
Real Estate			nercial Real Estate Group					
			obbyist, spouse, or	Amou	nt of Contribution			
Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	03/:	15/2018	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	l É		*	I				

Page 17 of 55

I. MONETARY RECEIPTS (Section A-I)									
	5 (56	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original						
Mark for Comptroller									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Ferris		Peter			0288				
Residential Street Address	City			State	Zip Code				
44 Bishop Ln		Avon		СТ	06001				
Principal Occupation		Name of Employ	er						
Business Management		Dur-A							
			obbyist spouse or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child o	Voc	111104	in or commonion				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	03/	15/2018	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	03/	13, 2010	Ψ100.00		φ100.00				
Last Name	First			MI	Contribution ID #				
Pinckney	1 1130	Dorothea Jar		1411	0282				
,	City	Dorothea Jar	ie	Ct-t-					
Residential Street Address	City			State	Zip Code				
131 Lime Rock Rd		Lakeville		СТ	06039				
Principal Occupation		Name of Employ							
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	<u> </u>						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
× No	03/:	15/2018	\$50.00		\$50.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Carmichael		ТJ			0290				
Residential Street Address	City			State	Zip Code				
855 Mount Vernon Rd		Southington		СТ	06489				
Principal Occupation		Name of Employ	er						
Insurance			cy Administrators						
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child o		111104	in or commonion				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions	1					
an event reported in Section J1?	Date	Received	Aggregate Contributions						
x No Cash x Personal Check	02/	15/2010	±100.00		±100.00				
If yes, list Event # Money Order Credit/Debit Card	03/.	15/2018	\$100.00		\$100.00				
-				'					
Last Name	First			MI	Contribution ID #				
Carmichael		Jessy			0307				
Residential Street Address	City			State	Zip Code				
1310 Slater Rd		New Britain		СТ	06053				
Principal Occupation		Name of Employ	er						
Social Worker		State	of CT						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event #	03/	15/2018	\$100.00		\$100.00				

Page 18 of 55

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Mark for Comptroller			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Narvaez		Molly			0308				
Residential Street Address	City			State	Zip Code				
38 Cella Dr		Southington		СТ	06489				
Principal Occupation		Name of Employ	er						
Administrator			erly Hall North						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	03/	15/2018	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Thomas		Garrett			0309				
Residential Street Address	City			State	Zip Code				
1310 Slater Rd	<u> </u>	New Britain		СТ	06053				
Principal Occupation		Name of Employ							
Insurance Advisor		Met L							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	obbyist, spouse, or of a lobbyist?	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 Method of contribution:	Doto	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	03/	15/2018	\$100.00		\$100.00				
If yes, list Event #	00,	10, 2010	Ψ100.00						
Last Name	First			MI	Contribution ID #				
Narvaez		Arick			0310				
Residential Street Address	City			State	Zip Code				
38 Cella Dr		Southington		СТ	06489				
Principal Occupation		Name of Employ	er						
Insurance		Agend	cy Administrators, Inc.						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent cinia c	x No						
government the contract is with: Executive Legislative		p : 1							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	03/	15/2018	\$100.00		\$100.00				
If yes, list Event #	03/	13,2010	\$100.00		4100.00				
Last Name	First			MI	Contribution ID #				
Johnston		Timothy		Т	0311				
Residential Street Address	City			State	Zip Code				
29 Acre Way		Southington		СТ	06489				
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		cima c							
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions						
an event reported in Section J1?	Date	ACCUIVEU	regregate Contributions						
X No Cash Personal Check	03/	16/2018	\$100.00		\$100.00				
If yes, list Event # Money Order	1 '	, -		1	•				

Page 19 of 55

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Mark for Comptroller	April 10 Filing - Original								
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Johnston		Marilyn		Α	0312				
Residential Street Address	City			State	Zip Code				
29 Acre Way		Southington		СТ	06489				
Principal Occupation		Name of Employ Retire							
Retired Is contributor a principal of a state contractor or prospective state contractor?			11 11	Amou	unt of Contribution				
Yes X No)	dependent child of	Vac	7111100	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	16/2018	\$100.00		\$100.00				
L AV	г				Louis B"				
Last Name Dutcher	First	William		MI E	Contribution ID # 0304				
Residential Street Address	City	vviiiiaiii		State	Zip Code				
191 Glendale Dr		Bristol		СТ	06010				
Principal Occupation		Name of Employ	er						
Comptroller		Trave	ers Insurance						
Is contributor a principal of a state contractor or prospective state contractor?	,		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:			x No						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Z Cash Personal Check	02/	16/2010	±100.00		±100.00				
If yes, list Event # Money Order Credit/Debit Card	03/	16/2018	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Aldi		Joseph			0305				
Residential Street Address	City			State	Zip Code				
119 N Summit St		Southington		СТ	06489				
Principal Occupation		Name of Employ	er						
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		i	x No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event #	03/	16/2018	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Aldi		Pamela		J	0306				
Residential Street Address	City			State	Zip Code				
119 N Summit St Principal Occupation		Southington	on.	СТ	06489				
Retired		Name of Employ Retire							
			-11	Amou	unt of Contribution				
Yes X No)	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 Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	16/2018	\$100.00		\$100.00				

Page 20 of 55

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT						
Mark for Comptroller	April 10 Filing - Original								
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Kiley		John			0302				
Residential Street Address	City			State	Zip Code				
86 Robindale Dr		New Britain		СТ	06053				
Principal Occupation		Name of Employ	^{er} n Makers Bath						
Contractor Is contributor a principal of a state contractor or prospective state contractor?			11 14	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	7 tinou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	17/2018	\$100.00		\$100.00				
Last Name	First	NA II		MI	Contribution ID #				
Kiley Residential Street Address	City	Melissa		R State	0296 Zip Code				
86 Robindale Dr	City	New Britain		CT	06053				
Principal Occupation		Name of Employ	er	Ci	00033				
Manager			cy Administrator						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.			obbyist, spouse, or	Amou	unt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 11?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	17/2018	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
McGill	riist	Charles		IVII	0289				
Residential Street Address	City	0.10.100		State	Zip Code				
89 Brightwood Ave		Stratford		СТ	06614				
Principal Occupation		Name of Employ	er						
Busines Executive		NGM :	Insurance Co						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	03/	17/2018	\$25.00		\$25.00				
If yes, list Event # Money Order X Credit/Debit Card	03/	17/2016	\$23.00		\$23.00				
Last Name	First			MI	Contribution ID #				
Dutcher		Susan			0303				
Residential Street Address	City			State	Zip Code				
191 Glendale Dr		Bristol		СТ	06010				
Principal Occupation		Name of Employ	er						
Insurance		Agend	cy Administrators		_				
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? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		sependent ennu (
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions						
an event reported in Section J1?	Date	received	regregate Continuations						
X No Cash Personal Check	03/	18/2018	\$100.00		\$100.00				
If yes, list Event # Money Order	I '		1	1	•				

Page 21 of 55

I MONETA DV DECEDTS (Continue A. D.									
I. MONETARY RECEIPT	S (Se	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Mark for Comptroller April 10 Filing - Original									
Mark for Comptroller									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Jensen		Erik		Р	0297				
Residential Street Address	City			State	Zip Code				
99 Tunxis Ave		Bloomfield		СТ	06002				
Principal Occupation		Name of Employe	er						
New Business Development		Agend	y Adminstrators, Inc.						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Galablariate Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	a loobyist?						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	19/2018	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Nanfito		Philip			0298				
Residential Street Address	City			State	Zip Code				
270 Riverside Ave		Bristol		CT	06010				
Principal Occupation		Name of Employ	er						
Glass Sales		Bristo	l Glass						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	a loodyist?						
government the contract is with:			x No						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event #	03/	19/2018	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Pichette		Dustin			0301				
Residential Street Address	City			State	Zip Code				
6 Parkview Dr		Plantsville		СТ	06479				
Principal Occupation		Name of Employ							
Insurance			sualty	•					
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent cinia o	i a lobbyist:						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
x No Cash Personal Check									
If yes, list Event # Money Order Credit/Debit Card	03/	19/2018	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Aldi		Jasmine		Q	0313				
Residential Street Address	City			State	Zip Code				
59 Acre Way		Southington		СТ	06489				
Principal Occupation		Name of Employe							
Teacher			f New Britain						
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? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		sima 0	x No						
government the contract is with: Executive Legislative	Б.	D : 1							
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
x No Cash Personal Check		20/2016	4400.00		+100.00				
If yes, list Event # Money Order Credit/Debit Card	03/2	20/2018	\$100.00		\$100.00				

Page 22 of 55

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REP April 10 Filing - Origin					
Mark for Comptroller April 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First				MI	Contribution ID #		
Spain		Douglas			М	0293		
Residential Street Address	City				State	Zip Code		
154 Walnut St		Southington			СТ	06489		
Principal Occupation Owner		Name of Employe Pro In	er nage Specialty Advert	ising				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of)	dependent child o	_					
government the contract is with:				x No				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
x No X Cash Personal Check	03/	21/2018	\$100.00	n		\$100.00		
If yes, list Event #	03/	21,2010	\$100.0					
Last Name	First				MI	Contribution ID #		
Lincoln		Betty				0317		
Residential Street Address	City				State	Zip Code		
246 Whistletown Rd	L	East Lyme			СТ	06333-1030		
Principal Occupation		Name of Employe						
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	obbyist, spouse, or	_	A mou	nt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child o		Yes	Amou	iit of Contribution		
If yes, indicate which branch or branches of Executive Legislative				x _{No}				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes Cash Personal Check								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/2	23/2018	\$100.00	0		\$50.00		
If you, his Event in								
Last Name	First				MI	Contribution ID #		
Naylor		Randy				0318		
Residential Street Address	City	Wilmington			State NC	Zip Code 28405		
648 Village Park Dr Unit 202 Principal Occupation		Wilmington Name of Employe	er		INC	26403		
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?				Yes	Amou	nt of Contribution		
Yes A No)	dependent child o	- L 1000 y 15t :					
If yes, indicate which branch or branches of government the contract is with:				x No				
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in section 31?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/2	26/2018	\$100.00	0		\$100.00		
Last Name	First				MI	Contribution ID #		
Cochrane		Dean				0315		
Residential Street Address	City				State	Zip Code		
88 Barbara Ln		Plantsville			СТ	06479		
Principal Occupation		Name of Employe	er					
Insurance Producer			sualty Company					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child o	obbyist, spouse, or of a lobbyist?	Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of Executive Legislative		cind o	*	x _{No}				
government the contract is with: In this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	NO				
an event reported in Section J1?		,	55-55-10 Conditions					
If yes list Event # X Cash Personal Check No Money Order Credit/Debit Card	03/2	26/2018	\$100.00	0		\$100.00		

Page 23 of 55

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Mark for Comptroller April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Curran		Taylor		L	0316				
Residential Street Address	City			State	Zip Code				
738 Laning St	<u> </u>	Southington		СТ	06489				
Principal Occupation		Name of Employ							
Administrative Assistant Is contributor a principal of a state contractor or prospective state contractor?		_	cy Administrators, Inc.	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	37	7 tinou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	27/2018	\$100.00		\$100.00				
				l					
Last Name	First	Dagguala		MI	Contribution ID #				
Prozzo Residential Street Address	City	Pasquale		A State	0294 Zip Code				
34 Quail Hollow Dr	City	Southington		CT	06489				
Principal Occupation		Name of Employ	er	<u> </u>					
Sales Agent		CT Ca	sualty Co						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
X No Personal Check	00.0	27/2010	+400.00		+100.00				
If yes, list Event # Money Order Credit/Debit Card	03/.	27/2018	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Bull		Jennifer		R	0295				
Residential Street Address	City			State	Zip Code				
295 Redstone Hill Rd # 7		Bristol		СТ	06010				
Principal Occupation		Name of Employ	er						
Insurance		_	cy Administrators						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Dute	10001100	1.66.06ate continuations						
X No Cash Personal Check	03/	27/2018	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Danowski		Angelika		Α	0299				
Residential Street Address	City			State	Zip Code				
214 Lazy Ln		Southington		СТ	06489				
Principal Occupation		Name of Employ							
Insurance Is contributor a principal of a state contractor or prospective state contractor?			cy Administrators obbyist, spouse, or	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac	111100	ant of Continuation				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes X Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	27/2018	\$100.00		\$100.00				

Page 24 of 55

I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Mark for Comptroller April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Mongillo		Joseph			0300				
Residential Street Address	City			State	Zip Code				
181 Tomlinson Ave	L.,	Plainville		СТ	06062				
Principal Occupation Name of Employer Insurance Sales Plainville Center Insurance Avency									
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or		int of Contribution				
Yes X No)	dependent child of	·						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check		7.004.0							
If yes, list Event # Money Order Credit/Debit Card	03/2	27/2018	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Dinello		Peter			0314				
Residential Street Address	City			State	Zip Code				
33 Tauton Ridge Rd		Newtown		СТ	06470				
Principal Occupation		Name of Employ	er	-					
Home Improvement Contractor		Aztec	h Building	-					
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent child c	x No						
Is this contribution associated with Is the contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/2	27/2018	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Meccariello		Gennero		R	0292				
Residential Street Address	City			State	Zip Code				
33 Hazelwood Dr		Southington		СТ	06489				
Principal Occupation		Name of Employ							
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Credit/Debit Card Credit/Debit Card	03/2	27/2018	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Theroux		David			0319				
Residential Street Address	City			State	Zip Code				
500 Breakneck Hill Rd		Middlebury		СТ	06762				
Principal Occupation		Name of Employ							
Self-employed Is contributor a principal of a state contractor or prospective state contractor?			ner Commercial obbyist, spouse, or	Amou	nt of Contribution				
Yes X No)	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 Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes list Event # Cash Personal Check No	03/2	28/2018	\$100.00		\$100.00				

25 o	f 55
	25 o

	NETARY RECEIP	ΓS (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Regi Mark for Comptroller	stered with Commission)			TYPE OF REPOR April 10 Filing - Original	Γ	
				Tipin 10 1 ming original		
	nized Contributions fro	_	lividuals			
Last Name		First	Doobol		MI	Contribution ID #
Roberts Residential Street Address		City	Rachel		State	0320 Zip Code
375 Copper Rdq		City	Southington		CT	06489
Principal Occupation		-	Name of Employe	er		
Student			Stude	nt		
Is contributor a principal of a state contractor or prospective state contractor?	Yes X	No	Is contributor a le dependent child o	obbyist, spouse, or	Yes At	nount of Contribution
If yes, indicate which branch or branches of Executive	Legislative		dependent enna o	x	No.	
government the contract is with:		Date	Received	Aggregate Contributions	NO	
an event reported in Section J1?		Duite	Titoto Tea	riggiogate contributions		
If yes, list Event #	Personal Check Credit/Debit Card	03/	28/2018	\$50.00		\$50.00
Last Name		First			MI	Contribution ID #
Roberts			Russell			0321
Residential Street Address		City			State	Zip Code
375 Copper Rdg			Southington		СТ	06489
Principal Occupation			Name of Employe			
Contract Manager Is contributor a principal of a state contractor or prospective state contractor?				tment of Defense	1 4.	nount of Contribution
is contributor a principal of a state contractor of prospective state contractor:	Yes X	No	dependent child o	· · · · · · · · · · · · · · · · · · ·	Yes	nount of Contribution
If yes, indicate which branch or branches of government the contract is with:	Legislative			x	No	
Is this contribution associated with Yes Method of contribution associated with	ribution:	Date	Received	Aggregate Contributions	\neg	
an event reported in Section J1?	Personal Check					
If yes, list Event #		03/	28/2018	\$100.00		\$100.00
				Total	of Section B	\$7,340.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUAL	LS (Sections A	+ B)	(Total on Line	14, Column A of Summary Pa	ge)	\$7,340.00
I MC	ONETARY RECEIP	TC (S	action A.D.			
1, 1/10	THE TAKE RECEIF	15 (5	A-1)			
NAME OF COMMITTEE (Provide Complete Name as Regis	stered with Commission)			Т	YPE OF RE	EPORT
Mark for Comptroller				April 10	Filing - Origina	al
1						
C1. Contr	ributions from Other C	Commi	ttees			
Name of Committee			Name of Treasur	er		
Address	l.	4.1.		with an W		Amount of Contribution
			ribution associated valued in Section J1?	vith an Yes	No	
			If yes, list Event	#		
Sta	ate Zip Code	Date R	eceived	Aggregate Contributions		
City						
				Total of S	ection C1	

Total of Section D

									Page 20 01 55
	I. MONETA	ARY RECE	CIPTS (S	ection A	A-I)				
NAME OF COMMITTEE							TY	PE OF REPORT	•
Mark for Comptroller							April 10 Filir	ıg - Original	
(22. Reimbursements or S	Surplus Dist	ributions	from of	her Cor	nmittees	•		
Name of Committee					Name of	Treasurer			
Address	Address Date Received							Amount of Receipt	
									_
City		State	Zip Code		Payment				
					l		shared expense from exploratory	committee	
Expenditure #	Description	•	•						
							Total	al of Section C2	1
							100	ii oi section C2	<u> </u>
	I. MO	NETARY F	RECEIPT	ΓS (Sec	tion A-	I)			
NAME OF COMMITTEE							ТҮРЕ (OF REPORT	
Mark for Comptroller							April 10 Filing	- Original	
	D. Loa	ans Received	l this Peri	iod					
				1					
Name of Lender				Source o		~ ".			Date of Receipt
Street Address			City	Ban	k	Candidate	Individual State	Other Zip Code	Is there a cosigner or
									Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable	le)						ı		Amount Received
Street Address			City				State	Zip Code	

	I. M	ONETARY RECI	EIPTS (Sec	tion A-I)					
NAME OF COMMITTEE							ТҮРЕ О	F REPO	RT
Mark for Comptroller							April 10 Filing -	Original	
E. Personal I	Funds of the Candidate	e Received this Peri	od (Candida	te Committe	ees ONI	LY)			
Date of Receipt 01/03/2018	Method of Payment Cash	X Personal	Check	Credit/De	bit Card				Amount \$3,000.00
Date of Receipt 01/16/2018	Method of Payment Cash	Personal 0	Check	X Credit/De	bit Card				Amount \$1.00
Date of Receipt 02/20/2018	Method of Payment Cash	Personal (Check	X Credit/De	bit Card				Amount \$50.00
						To	tal of Section E		\$3,051.00
	J	I. Monetary Recei	ipts (Section	ı A-I)					
NAME OF COMMITTEE							TYPE OF	REPOR	T
Mark for Comptroller						Ap	ril 10 Filing - Ori	ginal	
	G. Interes	st from Deposits in A	Authorized A	Accounts					
Name of Institution					I	Date Rece	ived		Amount
Street Address		City			State		Zip Code		
							Total of Sec	tion G	
	I. MC	ONETARY RECE	IPTS (Secti	on A-I)					
NAME OF COMMITTEE							TYPE OF RE	EPORT	
Mark for Comptroller						Apr	il 10 Filing - Orig	jinal	
	H. Public Grant I	Funds Received from	m the Citizer	s' Election	Fund				
Purpose of Grant: Initial Supplemental/	Grant Adjustment Post Election Deficit	Grant Cycle: Primary	General Ele	ection	Special Ele	ction	Date Received		Amount
							Total of Section	on H	

	I. MONE	TARY RI	ECEIPTS	(Section A-I)						
NAME OF COMMITTEE							TYPE OF RE	PORT		
Mark for Comptroller						April 1	0 Filing - Origina	I		
1	. Miscellaneous Mone	etary Recei	ipts not Co	nsidered Contri	butions					
Name						Date of	f Transaction		Amou	nt Received
Street Address		City			State		Zip Code			
Description		•								
							Total of Sec	ction I		
	II. EVENT AC	CTIVITY	(Sections	J1 - J4)						
NAME OF COMMITTEE (Provide Con	nplete Name as Registere	d with Com	mission)				ТҮРЕ О	F REP	ORT	
Mark for Comptroller						A	oril 10 Filing - Ori	iginal		
	J1. Ev	ent Inform	nation							
Event # Date of Event 02/26/2018	Description Meet and Greet Event							Was this	a fundraisii Yes	ng event?
Location: Street Address					City		•		State	Zip Code
137 E Hill Rd					Sout	hbury			СТ	06488
Was this event hosted at a personal residence?			Yes X No	if yes, go to Section with a House Party host(s) for food, be	and comple	ete require	d information for a			ed
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 X No	If yes, to to Section complete required i			s not Considered C	ontributio	ons 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 X No	(If yes, enter Total l	Receipts he	re.)				\$0.00
						Total	of Section J1			\$0.00

	II.EV	ENT ACTIVITY (Sections	J1 - J4	4)				
NAME OF COMMITTEE (Provide	Complete Name as Reg	gistered with Commission)			TYPE OF REP	ORT	,	
Mark for Comptroller				A	oril 10 Filing - Original			
	J3. In-Kind Donat	tions Not Considered Contrib	utions					
Name of the Donor								
Street Address			City				State	Zip Code
Donation Given by: Individual								larket Value of Donation
Business Entity Date Received Event # Aggregate value for this event Sole Proprietorship					e for this event			
					Total of Section J3			
					Total of Section 33			
	II	EVENT ACTIVITY (Sect	ions J1	- J4)				
NAME OF COMMITTEE (Provide	Complete Name as Reg	gistered with Commission)			TYPE OF RE	POR	Т	
Mark for Comptroller					April 10 Filing - Origi	inal		
J4. In-Ki	ind Donations Not C	onsidered Contributions Asso	ciated w	vith a House Par	ty			
Name of Host				Is this eve	nt supporting more than one	e candi	idate?	
				Ye	. No	, comp ndum J		mization in
Street Address			City	•			State	Zip Code
Description of Donation								arket Value of Conation
Event #	Aggregate value of this Ev	vent - all hosts	Ag	gregate value of all Eve	nts - this host/candidate			
					Total of Section J4			

III. NONMONE	TA	RY RE	CEIPTS (Section	ns K - L)				
NAME OF COMMITTEE (Provide Complete Name as Registered w	ith C	Commiss	ion)		TYF	E OF REF	PORT	
Mark for Comptroller					April 10 Filing -	Original		
K. In-Kind	Coı	ntributi	ons		l			
Name								
Street Address				City			State	Zip Code
Is this contribution associated with an event reported in Section J1? Description of In-Kind Contribution No								
If yes, list Event# Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Is Contributor a principal of a state contractor or prospective state yes contributor a principal of a state contractor or prospective state yes contributor or principal of a state contractor or prospective state yes pair Market Value of this contributor? Indicate which branch or branches of yes contribution yes government the contract is with: Executive Legislative								
Type of Contributor:			Date Received		Aggregate contrib	utions		
Individual Committee Sole Prop.	rietors	ship						
					Total of S	ection K		
III. Non Mone	tar	y Recei	ipts (Sections K -	L)				
NAME OF COMMITTEE (Provide Complete Name as Registered w	ith (Commiss	ion)		TYPE	OF REPO	ORT	
Mark for Comptroller					April 10 Filing -	Original		
L. Refundable Deposit to	Tel	ephone	Company		•			
Last Name of Individual		First Nan	ne		MI	Date De	posit Made	
Residential Street Address	Cit	ty		State	Zip Code			mount of Deposit
Name of Telephone company					·			
Street Address	City			State	Zip Code			
					Total of Se	ection L		

	IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ С	OF REPORT			
Mark for Comptroller				April 10 Filing - (Original			
	N. Expenses Paid By Com	mittee						
Name of Payee Capitol B Strategies, LLC			Date of Payr			yment heck # <u>1036</u> ebit Card		
Street Address 129 College Pl		City Fairfield			State CT	Zip Code 06824		
Purpose of Expend CNSLT	Description consulting services					Amount		
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure	\$1,063.50							
Name of Payee Date of Payment Cooper Communications, LLC 01/09/2018						Method of Payment X Check # 1037 Debit Card EFT		
Street Address 77 Ripley Hill Rd		City Coventry			State CT	Zip Code 06238		
Purpose of Expend CNSLT	Description Consulting Services					Amount		
which reimbursement is sough		penditure # applicable)	Event #	1		\$1,063.50		
Name of Payee Theroux, Nowell & Stoug	ihton, LLC		Date of Payr			yment heck # <u>1038</u> ebit Card FT		
Street Address 53 Peck Rd		City Torrington			State CT	Zip Code 06790		
Purpose of Expend CNSLT	Description Accounting services					Amount		
which reimbursement is sough		penditure # applicable)	Event #			\$1,000.00		

NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)		ТҮРЕ О	F REPORT			
Mark for Comptroller				April 10 Filing - (Original			
	N. Expenses Paid By Con	nmittee						
Name of Payee Anedot LLC			Date of Pays 01/09/20		. =	neck # ebit Card		
Street Address PO Box 84314		City Baton Rouge			State LA	Zip Code 70884		
Purpose of Expend BNK	Description Processing fee for online deposits	·				Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Yes Expenditure # (if applicable) Event # (if applicable)						\$0.34		
Name of Payee Anedot LLC			Date of Payr			neck #		
Street Address PO Box 84314		City Baton Rouge			State LA	Zip Code 70884		
Purpose of Expend BNK	Description Processing fee for online deposits					Amount		
which reimbursement is sous		xpenditure # f applicable)	Event #	ŧ		\$8.74		
Name of Payee Anedot LLC			Date of Pays 01/22/20		. =	neck #		
Street Address PO Box 84314		City Baton Rouge			State LA	Zip Code 70884		
Purpose of Expend BNK	Description Processing fee for online deposits					Amount		
which reimbursement is sough	— 1	xpenditure # f applicable)	Event #	ŧ		\$4.20		

	IV. EXPENDITURES	S (Sections N - S)				
NAME OF COMMITTER	E (Provide Complete Name as Registered with Commission	on)		ТҮРЕ О	F REPORT		
Mark for Comptroller				April 10 Filing - 0	Original		
	N. Expenses Paid By Co	ommittee					
Name of Payee Anedot LLC			Date of Pays 01/23/20		1 =	neck #	
Street Address PO Box 84314		City Baton Rouge	•		State LA	Zip Code 70884	
Purpose of Expend BNK	Description Processing fee for online deposits	·				Amount	
Is this expenditure coordinate which reimbursement is soug If yes, assign an Expenditure		Expenditure # (if applicable)	Event #	ŧ		\$4.20	
Name of Payee Anedot LLC			Date of Pays 01/24/20		1 =	neck # ebit Card	
Street Address PO Box 84314		City Baton Rouge			State LA	Zip Code 70884	
Purpose of Expend BNK	Description Processing fee for online deposits					Amount	
Is this expenditure coordinate which reimbursement is soug If yes, assign an Expenditure		Expenditure # (if applicable)	Event #	ŧ		\$12.60	
Name of Payee J Kenneth Nowell			Date of Pays 01/24/20			neck# <u>1040</u> ebit Card	
Street Address 97 Hickory Rd		City Torrington			State CT	Zip Code 06790	
Purpose of Expend RMB	Description Reiburse for Web Advertising and Web maintenance					Amount	
Is this expenditure coordinate which reimbursement is soug If yes, assign an Expenditure		Expenditure # (if applicable)	Event #	ŧ		\$85.65	

NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	F REPORT		
Mark for Comptroller			A	pril 10 Filing - (Original		
	N. Expenses Paid By Commi	ittee					
Name of Payee Samantha Gelormino			Date of Paymo			yment heck# <u>1041</u> ebit Card	
Street Address 154 North St		City Goshen	•		State CT	Zip Code 06756	
Purpose of Expend CNSLT	Description Consulting services					Amount	
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure	— I	diture # licable)	Event #			\$1,000.00	
Name of Payee Anedot LLC		•	Date of Paymo		D D	vment heck # ebit Card FT	
Street Address PO Box 84314		City Baton Rouge			State LA	Zip Code 70884	
Purpose of Expend BNK	Description Processing fee for online deposits					Amount	
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure	— I	diture # licable)	Event #			\$4.20	
Name of Payee Anedot LLC			Date of Paymo			yment heck # ebit Card FT	
Street Address PO Box 84314		City Baton Rouge			State LA	Zip Code 70884	
Purpose of Expend BNK	Description Processing fee for online deposits					Amount	
which reimbursement is sough	— I	diture # licable)	Event #			\$4.20	

	IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ С	OF REPORT			
Mark for Comptroller				April 10 Filing - (Original			
	N. Expenses Paid By Com	mittee						
Name of Payee Anedot LLC			Date of Payr		1 =	neck# ebit Card		
Street Address PO Box 84314		City Baton Rouge			State LA	Zip Code 70884		
Purpose of Expend BNK	Description Processing fee for online deposits					Amount		
Is this expenditure coordinate which reimbursement is soug If yes, assign an Expenditure	\$4.20							
Name of Payee Anedot LLC Date of Payment 02/14/2018					Method of Payment Check # Debit Card X EFT			
Street Address PO Box 84314		City Baton Rouge			State LA	Zip Code 70884		
Purpose of Expend BNK	Description Processing fee for online deposits					Amount		
which reimbursement is sough	— I	penditure # applicable)	Event #	ŧ		\$4.20		
Name of Payee Daniel Ensanian Freeland	ce Design		Date of Payr		1 —	neck# <u>1042</u> ebit Card		
Street Address 3401 29th St Apt 1		City Astoria			State NY	Zip Code 11106		
Purpose of Expend PRNT	Description Campaign materials					Amount		
which reimbursement is soug	— I	penditure # applicable)	Event #	ŧ		\$150.00		

IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT		
Mark for Comptroller				April 10 Filing - Original		
N. Expenses Paid By Committee						
Name of Payee Anedot LLC	Date of Payme 02/15/2018			Method of Payment Check # Debit Card X EFT		
Street Address City PO Box 84314 Baton Rouge				State LA	Zip Code 70884	
Purpose of Expend BNK	Description Processing fee for online deposits			Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Expenditure # Expenditure # Expenditure # (if applicable)				\$6.45		
Name of Payee Anedot LLC Date of Payment 02/17/2018				Method of Payment Check # Debit Card X EFT		
Street Address City PO Box 84314 Baton Rouge				State LA	Zip Code 70884	
Purpose of Expend BNK	Description Processing fee for online deposits			Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Expenditure # Expenditure # Expenditure # (if applicable)			\$4.20			
Name of Payee Anedot LLC Date of Payment 02/20/2018				Method of Payment Check # Debit Card X EFT		
Street Address PO Box 84314 City Baton Rouge				State LA	Zip Code 70884	
Purpose of Expend BNK	Description Processing fee for online deposits			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)				\$8.70		

	IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)		ТҮРЕ О	OF REPORT			
Mark for Comptroller				April 10 Filing - (Original			
	N. Expenses Paid By Con	ımittee						
Name of Payee Anedot LLC			Date of Pays		ı =	neck# ebit Card		
Street Address PO Box 84314		City Baton Rouge			State LA	Zip Code 70884		
Purpose of Expend BNK	Processing fee for online deposits							
Is this expenditure coordinate which reimbursement is soughtful to the sou	\$4.20							
Name of Payee Anedot LLC	Method of Payment Check # Debit Card X EFT							
Street Address PO Box 84314		City Baton Rouge			State Zip Code LA 70884			
Purpose of Expend BNK	Description Processing fee for online deposits					Amount		
which reimbursement is sough		xpenditure # f applicable)	Event #	ŧ		\$8.40		
Name of Payee J Kenneth Nowell			Date of Pays 02/23/20		1 —	neck# <u>1044</u> ebit Card		
Street Address 97 Hickory Rd		City Torrington			State CT	Zip Code 06790		
Purpose of Expend RMB	Description Reimburse for Web Advertising and Web maintenance	Amount						
which reimbursement is soug	— 1	xpenditure # f applicable)	Event #	ŧ		\$85.65		

NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)		ТҮРЕ О	OF REPORT		
Mark for Comptroller			April 10 Filing - (Driginal		
	N. Expenses Paid By Commi	ttee				
Name of Payee J Kenneth Nowell			Date of Payment 02/23/2018	D D	yment heck# <u>1044</u> ebit Card	
Street Address 97 Hickory Rd		City Torrington		State CT	Zip Code 06790	
Purpose of Expend RMB	Description Reiburse for deposit on fundraiser at J & J Tavern		Amount			
Is this expenditure coordinate which reimbursement is soughtful to the sou	\$100.00					
Name of Payee Chris R. Dupont	Method of Payment X Check # 1043 Debit Card EFT					
Street Address 42 Birchwood Ln		City Goshen		State CT	Zip Code 06756	
Purpose of Expend CNSLT	Description consulting services Web	,			Amount	
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure	— I	diture # licable)	Event #		\$1,000.00	
Name of Payee Anedot LLC			Date of Payment 02/23/2018	De De	yment heck # ebit Card FT	
Street Address PO Box 84314		City Baton Rouge		State LA	Zip Code 70884	
Purpose of Expend BNK	Description Processing fee for online deposits				Amount	
which reimbursement is soug	— I	diture # licable)	Event #		\$12.60	

	IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	OF REPORT			
Mark for Comptroller				April 10 Filing - (Original			
	N. Expenses Paid By Com	mittee						
Name of Payee Anedot LLC			Date of Payr		ı =	neck# ebit Card		
Street Address PO Box 84314		City Baton Rouge			State LA	Zip Code 70884		
Purpose of Expend BNK	Purpose of Expend Description Processing fees for onine deposits							
Is this expenditure coordinate which reimbursement is soughtfy yes, assign an Expenditure	\$1.28							
Name of Payee Anedot LLC	Method of Payment Check # Debit Card X EFT							
Street Address PO Box 84314		City Baton Rouge			State LA	Zip Code 70884		
Purpose of Expend BNK	Description Processing fee for online deposits					Amount		
Is this expenditure coordinate which reimbursement is sous If yes, assign an Expenditure		enditure # pplicable)	Event #	ŧ		\$3.23		
Name of Payee Anedot LLC			Date of Pays 02/26/20		ı =	neck# ebit Card		
Street Address PO Box 84314		City Baton Rouge			State LA	Zip Code 70884		
Purpose of Expend BNK	Description Processing fees for online deposits					Amount		
which reimbursement is soug	- I 45	penditure #	Event #	±		\$8.40		

	IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	OF REPORT			
Mark for Comptroller				April 10 Filing - (Original			
	N. Expenses Paid By Comm	ittee						
Name of Payee Anedot LLC			Date of Payr		. =	neck # ebit Card		
Street Address PO Box 84314		City Baton Rouge			State LA	Zip Code 70884		
Purpose of Expend BNK	Description Processing fees for online deposits							
Is this expenditure coordinate which reimbursement is soughtful to the sou	\$4.20							
Name of Payee Anedot LLC	Method of Payment Check # Debit Card X EFT							
Street Address PO Box 84314		City Baton Rouge			State LA	Zip Code 70884		
Purpose of Expend BNK	Description Processing fee for online credit card deposits					Amount		
Is this expenditure coordinate which reimbursement is soug If yes, assign an Expenditure		nditure # plicable)	Event #	1		\$8.40		
Name of Payee Anedot LLC			Date of Payr		ı =	neck # ebit Card		
Street Address PO Box 84314		City Baton Rouge			State LA	Zip Code 70884		
Purpose of Expend BNK	Description processing fee for credit card deposit					Amount		
which reimbursement is soug		nditure # plicable)	Event #			\$2.25		

	IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commis	sion)		ТҮРЕ О	OF REPORT			
Mark for Comptroller				April 10 Filing - (Original			
	N. Expenses Paid By C	Committee						
Name of Payee Anedot LLC			Date of Payr 03/15/20		Do Do	rment neck # ebit Card		
Street Address PO Box 84314		City Baton Rouge			State LA	Zip Code 70884		
Purpose of Expend BNK	Description							
Is this expenditure coordinate which reimbursement is soughtful to the sou	\$21.00							
Name of Payee Date of Payment Anedot LLC 03/17/2018						Method of Payment Check # Debit Card X EFT		
Street Address PO Box 84314		City Baton Rouge			State LA	Zip Code 70884		
Purpose of Expend BNK	Description processing fee for credit card deposit					Amount		
Is this expenditure coordinate which reimbursement is sous If yes, assign an Expenditure	— I	Expenditure # (if applicable)	Event #	ŧ		\$1.28		
Name of Payee Mark Greenberg			Date of Payr			rment neck # <u>1045</u> ebit Card		
Street Address 184 Fern Ave		City Litchfield			State CT	Zip Code 06759		
Purpose of Expend RMB	Description Reiburse candidate for expenses paid for fundraiser a		Amount					
Is this expenditure coordinate which reimbursement is soughtfyes, assign an Expenditure		Expenditure # (if applicable)	Event #		\$1,112.29			

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	OF REPORT			
Mark for Comptroller				April 10 Filing - (Original			
	N. Expenses Paid By Com	mittee						
Name of Payee Anedot LLC			Date of Payr 03/23/20		1 =	neck # ebit Card		
Street Address PO Box 84314		City Baton Rouge			State LA	Zip Code 70884		
Purpose of Expend BNK	processing fee for credit card deposit							
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure	\$2.25							
Name of Payee Anedot LLC Date of Payment 03/26/2018						Method of Payment Check # Debit Card X EFT		
Street Address PO Box 84314		City Baton Rouge			State LA	Zip Code 70884		
Purpose of Expend BNK	Description processing fee for credit card deposit					Amount		
which reimbursement is sough	— I	penditure # applicable)	Event #	!		\$4.20		
Name of Payee Anedot LLC			Date of Payr		1 =	neck # ebit Card		
Street Address PO Box 84314		City Baton Rouge			State LA	Zip Code 70884		
Purpose of Expend BNK	Description processing fee for credit card deposits					Amount		
which reimbursement is soug	□	enditure # applicable)	Event #			\$10.65		

	IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)		ТҮРЕ С	OF REPORT			
Mark for Comptroller				April 10 Filing - (Original			
	N. Expenses Paid By Con	nmittee						
Name of Payee Cooper Communications	, ЦС		Date of Pays 03/28/20			yment heck # <u>1046</u> ebit Card FT		
Street Address 77 Ripley Hill Rd		City Coventry			State CT	Zip Code 06238		
Purpose of Expend CNSLT	Description consulting services		Amount					
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure	\$1,063.50							
Name of Payee Capitol B Strategies, LLC	Method of Payment X Check # 1047 Debit Card EFT							
Street Address 129 College Pl		City Fairfield			State CT	Zip Code 06824		
Purpose of Expend CNSLT	Description consulting services					Amount		
Is this expenditure coordinate which reimbursement is soug If yes, assign an Expenditure		xpenditure # f applicable)	Event #	ŧ		\$1,063.50		
Name of Payee Theroux, Nowell & Stoug	hton, LLC		Date of Pays 03/28/20			yment heck # <u>1048</u> ebit Card FT		
Street Address 53 Peck Rd		City Torrington			State CT	Zip Code 06790		
Purpose of Expend CNSLT	Description accounting services					Amount		
Is this expenditure coordinate which reimbursement is soughtfyes, assign an Expenditure		xpenditure # f applicable)	Event #	ŧ		\$1,000.00		

	IV	. EXPENDITUR	ES (Se	ctions N - S	5)				
NAME OF COMMITTE	E (Provide Complete Name as Ro	egistered with Commis	ssion)				TYPE OI	F REPORT	
Mark for Comptroller						A	pril 10 Filing - O	riginal	
	N.	Expenses Paid By	Commit	ttee					
Name of Payee J Kenneth Nowell						Date of Paymo			neck # <u>1049</u> ebit Card
Street Address 97 Hickory Rd				City Torrington				State CT	Zip Code 06790
Purpose of Expend Description Reiburse for Web Advertising and Web maintenance RMB								Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum					Event #			\$85.65	
							Total of S	section N \$10,031.81	
	IV.	EXPENDITURE	ES (Sec	tions N - S))				
NAME OF COMMITTE	E (Provide Complete Name as Re	egistered with Commis	ssion)			TYPE OF			ORT
Mark for Comptroller							April 10 Filing	- Original	
	O. Expe	nses Paid By Cand	idate				1		
Name of Payee (Name of vendor J &J Country Tavern	who candidate paid directly)					Date of Payme 02/26/2018		Is Reimburse	ment Claimed? Yes No
Street Address 137 E Hill Rd		City Southbury			State CT	Zip Cod 06488			Amount
Purpose of Expenditure (by code) FNDR *	Description Appetizers at fundraiser					Event # 02262018D			\$1,112.29
							Total	of Section O	\$1,112.29

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (F	Provide Complete Name as Registe	red with Commission)			TYPE OF I	REPORT			
Mark for Comptroller				April 10	Filing - Origin	al			
P. Expenses Incurred on Committee Credit Card									
Name of Issuing Institution			Type of Co	a Master Card	Discove	er	American Express		
Name of Vendor						Date of Tra	nsaction		
Street Address			City			State	Zip Code		
Purpose of Expenditure (by code)	Description						Amount		
			Expenditure (if applicable						
Total of Section P									

	IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	EE (Provide Complete Name as Registered with Commission	n)			TYPE O	F REPORT		
Mark for Comptroller					April 10 Filing - Ori	ginal		
	Q. Expenses Incurred By Committee but No	t Paid	During this Period					
Name of Creditor Cooper Communications	s, LLC					Date Incurred 02/01/2018		
Street Address 77 Ripley Hill Rd		City Cover	ntry			State	Zip Code 06238	
Purpose of Expenditure (by code) CNSLT Description Communications consulting							Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum Q							\$1,063.50	
Name of Creditor Capitol B Strategies, LLC	c					Date Incurre		
Street Address 129 College Pl		City Fairfie	eld			State	Zip Code 06824	
Purpose of Expenditure (bv code)	Description General campaign management						unt Incurred ate or Actual)	
reimbursement is sought?	with another candidate for which Yes X No and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #			\$1,063.50	

	IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	EE (Provide Complete Name as Registered with Commission	n)			ТҮРЕ О	F REPORT		
Mark for Comptroller					April 10 Filing - Oriç	ginal		
	Q. Expenses Incurred By Committee but No	t Paid Duri	ng this Period					
Name of Creditor Chris R. Dupont						Date Incurre		
Street Address 42 Birchwood Ln		City Goshen				State CT	Zip Code 06756	
Purpose of Expenditure (by code) Description Administrative services						Amount Incurred (Estimate or Actual)		
reimbursement is sought?	with another candidate for which Yes X No and completes Itemization in Addendum Q		diture # blicable)	Event#			\$1,000.00	
Name of Creditor Theroux, Nowell & Stou	ght					Date Incurre		
Street Address 53 Peck Rd		City Torrington				State CT	Zip Code 06790	
Purpose of Expenditure (bv code)	Description Accounting/treasurer services						unt Incurred ate or Actual)	
reimbursement is sought?	with another candidate for which Yes X No and completes Itemization in Addendum Q		diture # blicable)	Event #			\$1,000.00	

	IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	EE (Provide Complete Name as Registered with Commission	n)			TYPE O	F REPORT		
Mark for Comptroller					April 10 Filing - Ori	ginal		
	Q. Expenses Incurred By Committee but No	t Paid	During this Period					
Name of Creditor Theroux, Nowell & Stoug	ght					Date Incurre		
Street Address 53 Peck Rd		City Torrin	gton			State CT	Zip Code 06790	
Purpose of Expenditure (by code) Accounting/treasurer services CNSLT							Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum Q							\$1,000.00	
Name of Creditor Capitol B Strategies, LLC	c	_				Date Incurre		
Street Address 129 College Pl		City Fairfie	eld			State CT	Zip Code 06824	
Purpose of Expenditure (bv code)	Description General campaign management						unt Incurred ate or Actual)	
reimbursement is sought?	with another candidate for which Yes X No and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #			\$1,063.50	

	IV. EXPENDITURES (Sec	tions N	N - S)					
NAME OF COMMITTE	EE (Provide Complete Name as Registered with Commission	n)			TYPE O	TYPE OF REPORT		
Mark for Comptroller					April 10 Filing - Ori	ginal		
	Q. Expenses Incurred By Committee but No	ot Paid	During this Period					
Name of Creditor Chris R. Dupont						Date Incurre		
Street Address 42 Birchwood Ln		City Goshe	n			State CT	Zip Code 06756	
Purpose of Expenditure (by code)	Description Administrative services						unt Incurred ate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum Q						\$1,000.00		
Name of Creditor Cooper Communications, LLC						Date Incurred 03/01/2018		
Street Address 77 Ripley Hill Rd		City Coven	try			State CT	Zip Code 06238	
Purpose of Expenditure (by code)	Description Communications consulting						unt Incurred ate or Actual)	
reimbursement is sought?	with another candidate for which Yes X No		Expenditure # (if applicable)	Event #			41.002.50	
II yes, assign an Expenditure #	and completes Itemization in Addendum Q						\$1,063.50	
				Tota	Lof Section O		\$8,254.00	

		IV. EXPENDITURES	(Sections N -	S)					
NAME OF COMMITTE		fame as Registered with Comm				TYPE OF RE	PORT	Т	
Mark for Comptroller						April 10 Filing - Original			
	R. Itemizatio	on of Reimbursements and	l Secondary Pa	ayees	l				
Last Name of Worker/Consultan	ıt	First		MI	Date	of Payment to Vendor			imburse Committee
Nowell		James		к	01/	24/2018	Section	on N:	k# 1040
								Debit Card EFT	
Name of Vendor Paid by Comm WIX.COM	ittee Worker/Consultant								
Street Address of Vendor 10 W 18th St			City New York					State NY	Zip Code 10011
Purpose of Expenditure (by code) WEB	Description Web maintenance								
Is this expenditure coordinated which reimbursement is sought. If yes, assign an Expenditure # #	?	Yes X No	Expenditure # (if applicable)			Event#			Amount \$20.00
Last Name of Worker/Consultan	nt	First James		MI K		of Payment to Vendor 24/2018	Work Section	xer/Consul on N: X Chec	imburse Committee Itant as reported in k # 1040
Name of Vendor Paid by Comm Constant Contact	nittee Worker/Consultant						L	EFT	
Street Address of Vendor 1601 Trapelo Rd			City Waltham					State MA	Zip Code 02451
Purpose of Expenditure (by code) A-WEB	Description Advertising on the we	b							
Is this expenditure coordinated which reimbursement is sought. If yes, assign an Expenditure #	?	Yes X No	Expenditure # (if applicable)			Event #			Amount \$65.65

		IV. EXPENDITURES	(Sections N -	S)						
NAME OF COMMITTE	EE (Provide Complete N	ame as Registered with Comm	nmission) TYPE OF				REPORT			
Mark for Comptroller						April 10 Filing - Original				
	R. Itemizatio	on of Reimbursements and	l Secondary Pa	nyees						
Last Name of Worker/Consultan	,+			<u> </u>			Payn	nent to Rei	imburse Committee	
	ıı	First		MI		of Payment to Vendor		ker/Consul	tant as reported in	
Nowell		James		K	02/	23/2018	[X Chec	k# 1044	
							[Debit	t Card	
							[EFT		
Name of Vendor Paid by Comm Constant Contact	ittee Worker/Consultant							_		
Street Address of Vendor 1601 Trapelo Rd			City Waltham					State MA	Zip Code 02451	
Purpose of Expenditure (by code) A-WEB	Description Advertising on the we	b								
Is this expenditure coordinated which reimbursement is sought?		Yes No	Expenditure # (if applicable)			Event #			Amount	
If yes, assign an Expenditure # and completes Itemization in Addendum R								\$65.65		
Last Name of Worker/Consultan	ıt	First		MI	Date	of Payment to Vendor			imburse Committee	
Nowell		James		К	02/	23/2018		ion N:		
							[,	X Chec		
						l I	_	t Card		
Name of Vendor Paid by Comm Wix.com	ittee Worker/Consultant							EFT		
Street Address of Vendor			City					State	Zip Code	
PO Box 40190			San Fransisco					CA	94158	
Purpose of Expenditure (by code) FNDR *	Description Deposit for 2/26/18 e	vent at J&J Country Tavern								
Is this expenditure coordinated which reimbursement is sought?		Yes	Expenditure # (if applicable)			Event #			Amount	
If yes, assign an Expenditure # a	and completes Itemization in Ac	ddendum R				02262018D			\$100.00	

		IV. EXPENDITURES	(Sections N -	S)					
NAME OF COMMITTE	EE (Provide Complete N	Tame as Registered with Comm	nmission) TYPE OF			TYPE OF RE	REPORT		
Mark for Comptroller						April 10 Filing - Original			
	R. Itemizatio	on of Reimbursements and	l Secondary Pa	ayees					
		-							
Last Name of Worker/Consultan	ıt	First		MI	Date	of Payment to Vendor	Worl	ker/Consul	imburse Committee Itant as reported in
Nowell		James		К	02/	23/2018	Ι,	ion N:	k# 1044
							'	_	
								Debi	t Card
								EFT	
Name of Vendor Paid by Comm Wix.com	ittee Worker/Consultant								
Street Address of Vendor			City					State	Zip Code
PO Box 40190			San Fransisco					CA	94158
Purpose of Expenditure (by code) WEB	Description web maintenance						•		
Is this expenditure coordinated which reimbursement is sought.		Yes No.	Expenditure # (if applicable)			Event #			Amount
If yes, assign an Expenditure #	and completes Itemization in Ad								\$20.00
Last Name of Worker/Consultan	ıt	First		MI	Date	of Payment to Vendor			imburse Committee
Nowell		James		K	03/	01/2018		ion N:	
Nowell		Junes			03/	01/2010	[X Chec	k# 1049
							[Debit	t Card
								EFT	
Name of Vendor Paid by Comm Constant Contact	ittee Worker/Consultant	ļ.							
Street Address of Vendor			City				\top	State	Zip Code
1601 Trapelo Rd			Waltham					MA	02451
Purpose of Expenditure (by code) A-WEB	Description Web Advertising								
Is this expenditure coordinated which reimbursement is sought.		Yes	Expenditure # (if applicable)			Event #			Amount
If yes, assign an Expenditure #	and completes Itemization in Ac	ddendum R							\$65.65

	IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTE	EE (Provide Complete N	ame as Registere	ed with Comr	mission)			TYPE OF RE	EPORT		
Mark for Comptroller						April	10 Filing - Original			
	R. Itemizatio	on of Reimburs	sements and	d Secondary Pa	ayees					
Last Name of Worker/Consultan	nt	First			MI	Date of Pa	syment to Vendor			imburse Committee tant as reported in
Nowell		James			К	03/01/2	2018	Section N	1:	
								X Check # 104		
									EFT	Card
Name of Vendor Paid by Comm	ittee Worker/Consultant	!			-					
Street Address of Vendor				City				State	:	Zip Code
10 W 18th St				New York				NY		10011
Purpose of Expenditure (by code) WEB	Description web maintenance									
Is this expenditure coordinated which reimbursement is sought.			Yes	Expenditure # (if applicable)		Ev	ent#			Amount
	f yes, assign an Expenditure # and completes Itemization in Addendum R							\$20.00		
Total of Section R				\$356.95						
IV. EXPENDITURES (Sectuibs N - S)										
NAME OF COMMITTE		Name as Register	ed with Com	mission)		A	TYPE OF RE	EPORT		
Mark for Comptroller						April	10 Filing - Original			
S. Surplus Distribution of Equipment and Furniture										
Name of Recipient										
Street Address			City			State	Zip Code			Original Purchase Amount of Item
Description of Item										
							Total of S	Section S		

Section J4. ADDENDUM						
NAME OF COMMITTEE				TYPE OF REPORT		
J4. In - Kind Donations Not Considered Contribution	n Associ	ated with a Hou	se Pa	rty - Addendum		
Event #						
Name of Candidate						
Section N. ADDENDUM						
NAME OF COMMITTEE				TYPE OF REPORT		
N. Expenses Paid By Committee - Addendum						
Expenditure #			Amou	unt of Expenditure		
Name of Candidate		Offic	e Sough	nt		
Section P. ADDENDUM						
NAME OF COMMITTEE	NAME OF COMMITTEE			TYPE OF REPORT		
P. Expenses Incurred on Committee	tee Cred	lit Card - Adder	ıdum			
Expenditure #			Amount of Expenditure			
Name of Candidate			Offic	ce Sought		

Section Q. ADDENDUM	,
NAME OF COMMITTEE	TYPE OF REPORT
Q. Expenses Incurred by Committee but Not P	Paid During this Period - Addendum
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section R. ADDENDUM		1
NAME OF COMMITTEE		TYPE OF REPORT
R. Itemization of Reimbursements and Secondary Payees	- Addendu	m
Expenditure #		Amount of Expenditure
	•	