



COVER PAGE

| | | | | | | | |
|--|--|---|-----------------------------|---|-----------------------------|------------------------------------|--|
| 1. NAME OF COMMITTEE | | | | 2. TYPE OF COMMITTEE | | | |
| Tony G. for Senate | | | | <input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee | | | |
| 3. TREASURER NAME | | | | | | | |
| First Ila | | MI M | Last Tokarz | | | Suffix | |
| 4. TREASURER ADDRESS | | | | | | | |
| Street Address 155 Castle Ln | | | City Milford | | State CT | Zip Code 06460 | |
| 5. ELECTION DATE | | 6. OFFICE SOUGHT (Complete only if Candidate Committee) | | | | 7. DISTRICT NUMBER (if applicable) | |
| 11/06/2018 | | State Senator | | | | S014 | |
| 8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee) | | | | | | | |
| First Anthony | | MI S | Last Giannattasio | | | Suffix | |
| 9. TYPE OF REPORT | | | | | | | |
| April 10 Filing - Original | | | | | | | |
| 10. PERIOD COVERED | | | | | | | |
| | | Beginning Date | | Ending Date | | | |
| | | 03/04/2018 | | thru | | 03/31/2018 | |
| 11. CERTIFICATION | | | | | | | |
| <input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. | | | | | | | |
| Electronic Filing | | Ila Tokarz | | | 04/09/2018 2:28:56PM | | |
| SIGNATURE | | PRINT NAME OF THE SIGNER | | | DATE CERTIFIED | | |
| | | | | | | | |
| A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes. | | | | | | | |

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 | |
|--|----------------------------|-----------------------|
| Tony G. for Senate | 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 | \$0.00 | |
| 14. Contributions received from Individuals (Section A and B) | \$9,255.00 | \$9,255.00 |
| 15. Receipts from Other Committees (Sections C1 and C2) | \$0.00 | \$0.00 |
| 16. Other Monetary Receipts (Section D through I) | \$0.00 | \$0.00 |
| 17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1) | \$0.00 | \$0.00 |
| 18. Total Monetary Receipts (add totals for lines 14 through 17) | \$9,255.00 | \$9,255.00 |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B) | \$9,255.00 | \$9,255.00 |
| 20. Expenses Paid by Committee (Section N) | \$462.50 | \$462.50 |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col) | \$8,792.50 | \$8,792.50 |
| 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) | \$0.00 | \$0.00 |
| 28. Expenses Incurred on Committee Credit Card (Section P) | \$0.00 | \$0.00 |
| 29. Expenses Incurred by Committee During this Period but Not Paid (Section Q) | \$0.00 | |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q) | \$0.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

| | | | | | |
|---|--|--|--|---|---------------------------|
| Last Name Tokarz | | First Ila | | MI M | Contribution ID # 0001 |
| Residential Street Address 155 Castle Ln | | City Milford | | State CT | Zip Code 06460 |
| Principal Occupation Mgr, Regulatory Affairs | | | Name of Employer UnitedHealthcare | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 03/16/2018 Aggregate Contributions \$25.00 | |

| | | | | | |
|---|--|--|--|--|---------------------------|
| Last Name Tsopanides | | First Rena | | MI K | Contribution ID # 0002 |
| Residential Street Address 628 Grassy Hill Rd | | City Orange | | State CT | Zip Code 06477 |
| Principal Occupation Waitress/Owner | | | Name of Employer Kimberly Restaurant | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 03/17/2018 Aggregate Contributions \$5.00 | |

| | | | | | |
|---|--|--|--|--|---------------------------|
| Last Name Tsopanides | | First Timmy | | MI | Contribution ID # 0003 |
| Residential Street Address 628 Grassy Hill Rd | | City Orange | | State CT | Zip Code 06477 |
| Principal Occupation Owner | | | Name of Employer Kimberly Restaurant | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 03/17/2018 Aggregate Contributions \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|------------------------------------|
| Last Name Langlois | First Ronald | MI A | Contribution ID # 0004 |
| Residential Street Address 212 Old Tavern Rd | City Orange | State CT | Zip Code 06477 |
| Principal Occupation GM Auto Repair and Towing | Name of Employer Anthony's High Tech | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/17/2018 | Aggregate Contributions \$10.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$10.00 | |

| | | | |
|---|------------------|---|-------------------------------------|
| Last Name Giannattasio | First Andrea | MI D | Contribution ID # 0005 |
| Residential Street Address 58 Rosebrook Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Teacher Leader | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/17/2018 | Aggregate Contributions \$250.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$250.00 | |

| | | | |
|---|------------------|---|-------------------------------------|
| Last Name DiSora | First Philip | MI A | Contribution ID # 0006 |
| Residential Street Address 46 Dock Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/17/2018 | Aggregate Contributions \$150.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$150.00 | |

| | | | |
|---|-----------------------------|---|------------------------------------|
| Last Name Mead | First Linda | MI M | Contribution ID # 0007 |
| Residential Street Address 221 West Walk | City West Haven | State CT | Zip Code 06516 |
| Principal Occupation | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/17/2018 | Aggregate Contributions \$10.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$10.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-------------------------------------|
| Last Name Tokarz | First Patrick | MI J | Contribution ID # 0008 |
| Residential Street Address 155 Castle Ln | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Mental Health Asst | Name of Employer State of CT | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/17/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Rodriguez | First Sandra | MI CT | Contribution ID # 0009 |
| Residential Street Address 310 Zion Hill Rd | City Milford | State CT | Zip Code 06461 |
| Principal Occupation | Name of Employer Terex Corporation | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/17/2018 | Aggregate Contributions \$75.00 |
| | | Amount of Contribution \$75.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Vitali | First Raymond | MI G | Contribution ID # 0010 |
| Residential Street Address 48 Founders Way | City Milford | State CT | Zip Code 06460 |
| Principal Occupation | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/17/2018 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Vitale | First Albert | MI B | Contribution ID # 0011 |
| Residential Street Address 1173 New Haven Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Hair Dresser | Name of Employer Self-employed | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/17/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Tranquilli | First James | MI E | Contribution ID # 0012 |
| Residential Street Address 105 Red Bush Ln | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Contractor | Name of Employer Milford Home Renovation LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/17/2018 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Tranquilli | First Melissa | MI A | Contribution ID # 0013 |
| Residential Street Address 105 Red Bush Ln | City Milford | State CT | Zip Code 06461 |
| Principal Occupation | Name of Employer Milford Hospital | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/17/2018 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Klein | First Lynn | MI A | Contribution ID # 0014 |
| Residential Street Address 59 East Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Hairstylist | Name of Employer Visions Salon | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/17/2018 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Giannattasio | First Francesca | MI | Contribution ID # 0015 |
| Residential Street Address 58 Rosebrook Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation | Name of Employer Student | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/17/2018 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|---|--|------------------------------------|
| Last Name Richtelli | First Elizabeth | MI R | Contribution ID # 0016 |
| Residential Street Address 1235 Windward Rd | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Registered Nurse | Name of Employer United Health Group | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/18/2018 | Aggregate Contributions \$50.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$50.00 | |

| | | | |
|--|-------------------------------|--|-----------------------------------|
| Last Name Onofrio | First Philip | MI C | Contribution ID # 0017 |
| Residential Street Address 72 West Walk | City West Haven | State CT | Zip Code 06516 |
| Principal Occupation Transportation | Name of Employer EFK of CT | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/18/2018 | Aggregate Contributions \$5.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$5.00 | |

| | | | |
|--|----------------------------------|--|------------------------------------|
| Last Name D'Amato | First Louis | MI G | Contribution ID # 0018 |
| Residential Street Address 20 Center St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Builder | Name of Employer D&D Builders | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/18/2018 | Aggregate Contributions \$25.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$25.00 | |

| | | | |
|--|--------------------------------------|--|-----------------------------------|
| Last Name Hendricks | First Erica | MI | Contribution ID # 0019 |
| Residential Street Address 19 Strawberry Hill Rd | City Milford | State CT | Zip Code 06461 |
| Principal Occupation EMT | Name of Employer Nelson Ambulance | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/18/2018 | Aggregate Contributions \$5.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|-----------------------------------|
| Last Name Kiefner | First James | MI | Contribution ID # 0020 |
| Residential Street Address 18 Center St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation City Letter Carrier | Name of Employer USPS | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/18/2018 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|---|--|---|-------------------------------------|
| Last Name DiSora | First Anna Marie | MI | Contribution ID # 0021 |
| Residential Street Address 38 Cranberry Dr | City Trumbull | State CT | Zip Code 06611 |
| Principal Occupation Sr Consultant, CE Experience | Name of Employer HDMS | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/18/2018 | Aggregate Contributions \$250.00 |
| | | | Amount of Contribution \$250.00 |

| | | | |
|---|--|---|------------------------------------|
| Last Name Bevan | First William | MI | Contribution ID # 0022 |
| Residential Street Address 23 Merlin Cir | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/20/2018 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|---|--|---|------------------------------------|
| Last Name Bevan | First Cynthia | MI | Contribution ID # 0023 |
| Residential Street Address 23 Merlin Cir | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/20/2018 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|------------------------------------|
| Last Name Rascoll | First Mollie | MI M | Contribution ID # 0024 |
| Residential Street Address 190 North St | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Speech Language Pathologist | Name of Employer Milford Board of Ed | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/20/2018 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|---|--|---|-------------------------------------|
| Last Name Giannattasio | First Richard | MI M | Contribution ID # 0025 |
| Residential Street Address 58 Ridge Rd | City West Haven | State CT | Zip Code 06516 |
| Principal Occupation President | Name of Employer Milford Barrel Co Inc | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/20/2018 | Aggregate Contributions \$250.00 |
| | | Amount of Contribution \$250.00 | |

| | | | |
|---|--|---|-------------------------------------|
| Last Name D'Amato | First Louis | MI J | Contribution ID # 0026 |
| Residential Street Address 481 Roses Mill Rd . | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Real Estate Management | Name of Employer D'Amato Investments | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/22/2018 | Aggregate Contributions \$250.00 |
| | | Amount of Contribution \$250.00 | |

| | | | |
|---|--|---|------------------------------------|
| Last Name Drapp III | First John | MI C | Contribution ID # 0027 |
| Residential Street Address 41 Jackson Dr | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Attorney | Name of Employer Drapp & Jaumann LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/23/2018 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|------------------------------------|--|-----------------------------------|
| Last Name Martino | First Katie | MI R | Contribution ID # 0028 |
| Residential Street Address 41 Jackson Dr | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Real Estate Agent | Name of Employer William Ravies | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/23/2018 |
| | | Aggregate Contributions \$50.00 | Amount of Contribution \$50.00 |

| | | | |
|--|-----------------------------|--|----------------------------------|
| Last Name Martino | First Jennifer | MI H | Contribution ID # 0029 |
| Residential Street Address 58 Liliac Ln | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Student | Name of Employer Student | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/23/2018 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|-------------------------------------|--|----------------------------------|
| Last Name Martino | First Joseph | MI A | Contribution ID # 0030 |
| Residential Street Address 58 Liliac Ln | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Law Enforcement | Name of Employer City of Norwalk | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/23/2018 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|--|--|----------------------------------|
| Last Name Martino | First Lia | MI T | Contribution ID # 0031 |
| Residential Street Address 684 Merwin Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Grant Specialist | Name of Employer People's United Bank | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/23/2018 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Martino | First Michele | MI M | Contribution ID # 0032 |
| Residential Street Address 684 Merwin Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Secretary 2 | Name of Employer State of CT - Justice | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/23/2018 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Martino | First Neil | MI A | Contribution ID # 0033 |
| Residential Street Address 55 West Walk | City West Haven | State CT | Zip Code 06516 |
| Principal Occupation General Manager | Name of Employer Durham School Services | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/23/2018 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Longley | First Teresa | MI M | Contribution ID # 0034 |
| Residential Street Address 41 Overhill Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Property Manager | Name of Employer D'Amato Bros Builders | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/23/2018 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Nichol | First Thomas | MI C | Contribution ID # 0035 |
| Residential Street Address 477 Roses Mill Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/23/2018 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|---|--|-------------------------------------|
| Last Name Giannattasio | First Richard | MI M | Contribution ID # 0036 |
| Residential Street Address 27 Chestnut Hill Rd | City Madison | State CT | Zip Code 06443 |
| Principal Occupation Secretary | Name of Employer Milford Barrel Co Inc | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/23/2018 | Aggregate Contributions \$250.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$250.00 | |

| | | | |
|--|---|--|-------------------------------------|
| Last Name Giannattasio | First Tetyana | MI S | Contribution ID # 0037 |
| Residential Street Address 27 Chestnut Hill Rd | City Madison | State CT | Zip Code 06443 |
| Principal Occupation Office Secretary | Name of Employer Milford Barrel Co Inc | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/23/2018 | Aggregate Contributions \$250.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$250.00 | |

| | | | |
|--|---|--|-------------------------------------|
| Last Name Sukhopara | First Viktor | MI V | Contribution ID # 0038 |
| Residential Street Address 27 Chestnut Hill Rd | City Madison | State CT | Zip Code 06443 |
| Principal Occupation Administrative Asst | Name of Employer Milford Barrel Co Inc | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/23/2018 | Aggregate Contributions \$250.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$250.00 | |

| | | | |
|--|------------------|--|------------------------------------|
| Last Name Olexovitch | First Alex | MI | Contribution ID # 0039 |
| Residential Street Address 10 Tomahawk Ln | City Milford | State CT | Zip Code 06460 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/23/2018 | Aggregate Contributions \$20.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$20.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Giancola | First Louis | MI | Contribution ID # 0040 |
| Residential Street Address 34 Pearl Hill St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation IT Manager | Name of Employer Milford Public Schools | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/23/2018 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$10.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Giancola | First Shannon | MI T | Contribution ID # 0041 |
| Residential Street Address 34 Pearl Hill St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Business Analysis | Name of Employer Knights of Columbus | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/23/2018 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$10.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Logiodice | First Bouaneung | MI S | Contribution ID # 0042 |
| Residential Street Address 10 Mills Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation IT | Name of Employer Milford Board of Ed | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/23/2018 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Zanghi | First Diane | MI C | Contribution ID # 0043 |
| Residential Street Address 51 Crestwood Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Database Assistant | Name of Employer Milford Public Schools | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/23/2018 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|-----------------------------------|
| Last Name Candido | First Anthony | MI | Contribution ID # 0044 |
| Residential Street Address 4 Topfield Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/23/2018 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|---|--|---|-----------------------------------|
| Last Name Viesti Berube | First Lynn | MI | Contribution ID # 0045 |
| Residential Street Address 11 Betrose Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Marketing | Name of Employer The Milford Bank | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/23/2018 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|---|--|---|-----------------------------------|
| Last Name Berube | First Peter | MI F | Contribution ID # 0046 |
| Residential Street Address 11 Betrose Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Manager | Name of Employer Locals 8 Restaurant | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/23/2018 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|---|--|---|------------------------------------|
| Last Name Nichol | First Carol | MI A | Contribution ID # 0047 |
| Residential Street Address 477 Roses Mill Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/23/2018 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|--|
| Last Name Bonessi | First Barry | MI W | Contribution ID # 0048 |
| Residential Street Address 157 Gulf St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Publisher | Name of Employer Houghton Mifflin Harcourt | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/23/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|---|--|---|--|
| Last Name Scialis | First Maurice | MI CT | Contribution ID # 0049 |
| Residential Street Address 40 Point Lookout | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|---|--|---|--|
| Last Name Montanaro | First Anna | MI CT | Contribution ID # 0050 |
| Residential Street Address 2 Oakland Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|---|--|---|--|
| Last Name Salati | First Antonio | MI CT | Contribution ID # 0051 |
| Residential Street Address 424 West Ave | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|--|-----------------------------------|
| Last Name Salati | First Gabriella | MI | Contribution ID # 0052 |
| Residential Street Address 31 Kittery St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Nurse | Name of Employer VNA | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2018 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|--|-----------------------------------|
| Last Name Salati | First Raymond | MI | Contribution ID # 0053 |
| Residential Street Address 31 Kittery St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Autobody | Name of Employer Rays Autobody | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2018 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|--|-----------------------------------|
| Last Name Salati | First Joanna | MI P | Contribution ID # 0054 |
| Residential Street Address 7 Burnt Plains Rd | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Police Officer | Name of Employer Milford Police Dept | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2018 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|--|-----------------------------------|
| Last Name Salati | First David | MI | Contribution ID # 0055 |
| Residential Street Address 840 Beechwood Ave | City Orange | State CT | Zip Code 06477 |
| Principal Occupation Manager | Name of Employer Napoli Meat & Sausage | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2018 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|-----------------------------|--|----------------------------------|
| Last Name Salati | First Poala | MI | Contribution ID # 0056 |
| Residential Street Address 424 West Ave | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2018 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|---|--|----------------------------------|
| Last Name Salati | First AnnaMarie | MI B | Contribution ID # 0057 |
| Residential Street Address 840 Beechwood Ave | City Orange | State CT | Zip Code 06477 |
| Principal Occupation Sales Manager | Name of Employer Granite Swan Memorial | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2018 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|--|--|----------------------------------|
| Last Name Salati | First Dario | MI B | Contribution ID # 0058 |
| Residential Street Address 840 Beechwood Ave | City Orange | State CT | Zip Code 06477 |
| Principal Occupation Hospitality | Name of Employer Fairfield University | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2018 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|------------------|--|----------------------------------|
| Last Name Olexovitch | First Joseph | MI S | Contribution ID # 0059 |
| Residential Street Address 5 Lakeview Dr | City Milford | State CT | Zip Code 06460 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2018 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|-----------------------------------|
| Last Name Olexovitch | First Jason | MI J | Contribution ID # 0060 |
| Residential Street Address 5 Lakeview Dr | City Milford | State CT | Zip Code 06460 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2018 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|---|--|---|------------------------------------|
| Last Name Olexovitch | First Susanne | MI C | Contribution ID # 0061 |
| Residential Street Address 5 Lakeview Dr | City Milford | State CT | Zip Code 06460 |
| Principal Occupation MRI Tech | Name of Employer Bpt Hospital | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2018 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$10.00 |

| | | | |
|---|--|---|------------------------------------|
| Last Name Olexovitch | First Scott | MI J | Contribution ID # 0062 |
| Residential Street Address 5 Lakeview Dr | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Owner | Name of Employer Seeds Heating & Cooling LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2018 | Aggregate Contributions \$30.00 |
| | | | Amount of Contribution \$30.00 |

| | | | |
|---|--|---|-------------------------------------|
| Last Name Casey | First Renee | MI C | Contribution ID # 0063 |
| Residential Street Address 31 Riverside Dr | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Pediatrixian | Name of Employer Optimus Health Care Inc | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2018 | Aggregate Contributions \$250.00 |
| | | | Amount of Contribution \$250.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|---------------------------|--|------------------------------------|
| Last Name Casey | First Michael | MI S | Contribution ID # 0064 |
| Residential Street Address 31 Riverside Dr | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Attorney | Name of Employer GEICO | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2018 |
| | | Aggregate Contributions \$250.00 | Amount of Contribution \$250.00 |

| | | | |
|--|---|--|------------------------------------|
| Last Name Maselli | First John | MI D | Contribution ID # 0065 |
| Residential Street Address 15 Clark Rd | City Woodbridge | State CT | Zip Code 06525 |
| Principal Occupation Mechanic | Name of Employer Mike's Truck & Trailer Repair | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2018 |
| | | Aggregate Contributions \$250.00 | Amount of Contribution \$250.00 |

| | | | |
|--|---|--|------------------------------------|
| Last Name Abarca | First Jessica | MI J | Contribution ID # 0066 |
| Residential Street Address 323 Winthrop Ave Apt C1 | City New Haven | State CT | Zip Code 06511 |
| Principal Occupation Bookkeeper | Name of Employer Milford Barrel Co Inc | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2018 |
| | | Aggregate Contributions \$250.00 | Amount of Contribution \$250.00 |

| | | | |
|--|-----------------------------|--|------------------------------------|
| Last Name Fogler | First Elizabeth | MI L | Contribution ID # 0067 |
| Residential Street Address 56 Founders Way | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2018 |
| | | Aggregate Contributions \$250.00 | Amount of Contribution \$250.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|--|-------------------------------------|
| Last Name Fogler | First Stephen | MI R | Contribution ID # 0068 |
| Residential Street Address 56 Founders Way | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Consultant | Name of Employer Stevens Manufacturing | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2018 | Aggregate Contributions \$250.00 |
| | | Amount of Contribution \$250.00 | |

| | | | |
|--|--|--|------------------------------------|
| Last Name Phillips | First Kim | MI A | Contribution ID # 0069 |
| Residential Street Address 140 Brooklawn Dr | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Hair Dresser | Name of Employer Kim Phillips Styling | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2018 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|--|--|--|------------------------------------|
| Last Name Kealey | First Greg | MI M | Contribution ID # 0070 |
| Residential Street Address 140 Brooklawn Dr | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Groundskeeper | Name of Employer Milford Board of Ed | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2018 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|--|--|--|------------------------------------|
| Last Name Smith | First Lisa | MI M | Contribution ID # 0071 |
| Residential Street Address 59 Jessie Dr . | City West Haven | State CT | Zip Code 06516 |
| Principal Occupation Teller | Name of Employer Key Bank | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2018 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|--|------------------------------------|
| Last Name Winters | First Richard | MI | Contribution ID # 0072 |
| Residential Street Address 65 Ranch Dr . | City Milford | State CT | Zip Code 06460 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2018 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|--|--|--|------------------------------------|
| Last Name Lawruszko | First Joseph | MI S | Contribution ID # 0073 |
| Residential Street Address 207 Mariners Walk | City Milford | State CT | Zip Code 06460 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2018 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|--|--|--|------------------------------------|
| Last Name Gagliardi | First Lisa | MI M | Contribution ID # 0074 |
| Residential Street Address 10 Little Pond Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Manager | Name of Employer Jimmies Restaurant | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2018 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|--|--|--|-----------------------------------|
| Last Name Winters | First Ivan | MI M | Contribution ID # 0075 |
| Residential Street Address 30 Liberty St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|--|-----------------------------------|
| Last Name Jacobson | First David | MI | Contribution ID # 0076 |
| Residential Street Address 1440 Naugatuck Ave Apt 1 | City Milford | State CT | Zip Code 06460 |
| Principal Occupation | Name of Employer Self-employed | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2018 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|--|-------------------------------------|
| Last Name DiSora | First Mina | MI F | Contribution ID # 0077 |
| Residential Street Address 36 Field Ct | City Milford | State CT | Zip Code 06460 |
| Principal Occupation HR Manager | Name of Employer Service Master | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2018 | Aggregate Contributions \$250.00 |
| | | | Amount of Contribution \$250.00 |

| | | | |
|--|--|--|------------------------------------|
| Last Name Fontana | First Filomena | MI A | Contribution ID # 0078 |
| Residential Street Address 387 High St | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2018 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$10.00 |

| | | | |
|--|--|--|------------------------------------|
| Last Name Greenspan | First Tara | MI | Contribution ID # 0079 |
| Residential Street Address 104 Settlers Ridge Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Teacher | Name of Employer Milford Board of Ed | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/26/2018 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|---|--|------------------------------------|
| Last Name Greenspan | First Jarrod | MI | Contribution ID # 0080 |
| Residential Street Address 104 Settlers Ridge Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Accounting | Name of Employer Proton Energy Systems | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/26/2018 | Aggregate Contributions \$25.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$25.00 | |

| | | | |
|--|----------------------------|--|------------------------------------|
| Last Name Steinmetz | First Dale | MI H | Contribution ID # 0081 |
| Residential Street Address 494 Roses Mill Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation | Name of Employer Retire | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/26/2018 | Aggregate Contributions \$10.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$10.00 | |

| | | | |
|--|---|--|-------------------------------------|
| Last Name D'Amato | First James | MI J | Contribution ID # 0082 |
| Residential Street Address 1 American Way | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Builder and Developer | Name of Employer D'Amato Brothers Builders | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/28/2018 | Aggregate Contributions \$250.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$250.00 | |

| | | | |
|--|--|--|-------------------------------------|
| Last Name Lazor | First George | MI J | Contribution ID # 0083 |
| Residential Street Address 41 Grindstone Ln | City Monroe | State CT | Zip Code 06468 |
| Principal Occupation CPA | Name of Employer Acquista & Lazor, LLC CPAs | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/28/2018 | Aggregate Contributions \$250.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$250.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|---|--|------------------------------------|
| Last Name Hagedorn | First Walter | MI W | Contribution ID # 0084 |
| Residential Street Address 61 Judith Dr . | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Manager | Name of Employer The Power Wash Guys | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/28/2018 | Aggregate Contributions \$50.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$50.00 | |

| | | | |
|--|--|--|-------------------------------------|
| Last Name Sibiga | First Philip | MI M | Contribution ID # 0085 |
| Residential Street Address 39 Ives St # 501 | City Hamden | State CT | Zip Code 06518 |
| Principal Occupation Insurance Sales | Name of Employer Premier Insuance Assoc LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/28/2018 | Aggregate Contributions \$250.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$250.00 | |

| | | | |
|--|---|--|-----------------------------------|
| Last Name Salvatore | First Daniel | MI D | Contribution ID # 0086 |
| Residential Street Address 149 Canton St | City West Haven | State CT | Zip Code 06516 |
| Principal Occupation Driver | Name of Employer Milford Barrel Co Inc | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/28/2018 | Aggregate Contributions \$5.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$5.00 | |

| | | | |
|--|---|--|-------------------------------------|
| Last Name Maselli | First Michael | MI | Contribution ID # 0087 |
| Residential Street Address 127 Estates Acres Dr | City Orange | State CT | Zip Code 06477 |
| Principal Occupation Diesel Mechanic | Name of Employer Mike's Truck & Trailer Repair | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/28/2018 | Aggregate Contributions \$250.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$250.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Tobin | First Robin | MI R | Contribution ID # 0088 |
| Residential Street Address 54 Shelter Cove Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Teacher | Name of Employer Milford Board of Ed | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/28/2018 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Tobin | First Ryan | MI P | Contribution ID # 0089 |
| Residential Street Address 54 Shelter Cove Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Police/Detective | Name of Employer Town of Branford | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/28/2018 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Casey | First Todd | MI M | Contribution ID # 0090 |
| Residential Street Address 60 Carmen Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Home Service Company | Name of Employer Climate Partners LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/28/2018 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Serrano | First Shirley | MI A | Contribution ID # 0091 |
| Residential Street Address 36 Meetinghouse Ln | City Milford | State CT | Zip Code 06460 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/28/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|----------------------------------|---|-----------------------------------|
| Last Name Munroe Jr. | First Albert | MI L | Contribution ID # 0092 |
| Residential Street Address 23 Blair St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Plumber | Name of Employer Al Munroe Jr | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | | Date Received 03/28/2018 | Aggregate Contributions \$5.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$5.00 | |

| | | | |
|---|---------------------------------------|---|-------------------------------------|
| Last Name Montano | First Gary | MI V | Contribution ID # 0093 |
| Residential Street Address 290 Boston Post Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Owner | Name of Employer Montano Cigarette | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | | Date Received 03/28/2018 | Aggregate Contributions \$250.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$250.00 | |

| | | | |
|---|--------------------------------------|---|------------------------------------|
| Last Name Bergin | First John | MI F | Contribution ID # 0094 |
| Residential Street Address 18 Mark St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Real Estate Sales | Name of Employer Peace Commercial | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | | Date Received 03/28/2018 | Aggregate Contributions \$10.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$10.00 | |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Smith | First DeForest | MI W | Contribution ID # 0095 |
| Residential Street Address 247 Broad St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Realtor | Name of Employer Pearce/George J Smith & Son | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | | Date Received 03/28/2018 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|--|------------------------------------|
| Last Name Horn | First Melanie | MI B | Contribution ID # 0096 |
| Residential Street Address 17 Peck St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Special Education Teacher | Name of Employer Milford Public Schools | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/28/2018 | Aggregate Contributions \$10.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$10.00 | |

| | | | |
|--|---|--|-------------------------------------|
| Last Name Karp | First Joel | MI C | Contribution ID # 0097 |
| Residential Street Address 15 Oyster Lndg | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Law | Name of Employer Karp & Langerman PC | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/30/2018 | Aggregate Contributions \$250.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$250.00 | |

| | | | |
|--|--------------------------------------|--|-------------------------------------|
| Last Name Langerman | First Lawrence | MI | Contribution ID # 0098 |
| Residential Street Address 192 Mulberry Ln | City Orange | State CT | Zip Code 06477 |
| Principal Occupation Attornet | Name of Employer Karp & Langerman | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/30/2018 | Aggregate Contributions \$250.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$250.00 | |

| | | | |
|--|--------------------------------------|--|-------------------------------------|
| Last Name Langerman | First Tate | MI S | Contribution ID # 0099 |
| Residential Street Address 8 Maddox Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Attorney | Name of Employer Karp & Langerman | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/30/2018 | Aggregate Contributions \$250.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$250.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|-------------------------------------|
| Last Name Langerman | First Noel | MI T | Contribution ID # 0100 |
| Residential Street Address 432 Glendown Dr S | City West Haven | State CT | Zip Code 06516 |
| Principal Occupation Attorney | Name of Employer Karp & Langerman | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/30/2018 | Aggregate Contributions \$250.00 |
| | | | \$250.00 |

| | | | |
|---|--|---|------------------------------------|
| Last Name Richetelli | First Fred | MI E | Contribution ID # 0101 |
| Residential Street Address 32 Commodore Pl | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/30/2018 | Aggregate Contributions \$50.00 |
| | | | \$50.00 |

| | | | |
|---|--|---|------------------------------------|
| Last Name Richetelli | First Ellen | MI B | Contribution ID # 0102 |
| Residential Street Address 32 Commodore Pl | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/30/2018 | Aggregate Contributions \$50.00 |
| | | | \$50.00 |

| | | | |
|---|--|---|------------------------------------|
| Last Name Pascale | First Rose Marie | MI | Contribution ID # 0103 |
| Residential Street Address 68 Tumblebrook Dr | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/30/2018 | Aggregate Contributions \$50.00 |
| | | | \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|--|-----------------------------------|
| Last Name Stiffler | First Lily Beth | MI | Contribution ID # 0104 |
| Residential Street Address 53 Winthrop Cir | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Student | Name of Employer Carvel | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/30/2018 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|--|------------------------------------|
| Last Name Rascoll | First Dan | MI J | Contribution ID # 0105 |
| Residential Street Address 190 North St | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Consultant | Name of Employer Advice for all Seasons | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/30/2018 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|--|--|--|-------------------------------------|
| Last Name Attolino | First Jeffrey | MI P | Contribution ID # 0106 |
| Residential Street Address 5 Mill Pond Close | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Builder | Name of Employer JP Enterprises LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/30/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|--|--|-------------------------------------|
| Last Name Bier | First Gary | MI | Contribution ID # 0107 |
| Residential Street Address 183 Orchard Rd | City Orange | State CT | Zip Code 06477 |
| Principal Occupation Property Management | Name of Employer GPM Inc | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/30/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|-------------------------------------|
| Last Name Tokarz | First Ila | MI M | Contribution ID # 0108 |
| Residential Street Address 155 Castle Ln | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Mgr, Regulatory Affairs | Name of Employer UnitedHealthcare | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/30/2018 | Aggregate Contributions \$250.00 |
| | | | Amount of Contribution \$225.00 |

| | | | |
|---|--|---|-------------------------------------|
| Last Name Tokarz | First Patrick | MI J | Contribution ID # 0109 |
| Residential Street Address 155 Castle Ln | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Mental Health Asst | Name of Employer State of CT | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/30/2018 | Aggregate Contributions \$250.00 |
| | | | Amount of Contribution \$150.00 |

| | | | |
|---|--|---|-----------------------------------|
| Last Name Carrano | First Matthew | MI | Contribution ID # 0110 |
| Residential Street Address 53 Gerard St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Student | Name of Employer Student | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/31/2018 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|---|--|---|-----------------------------------|
| Last Name Carrano | First Jacqueline | MI A | Contribution ID # 0111 |
| Residential Street Address 53 Gerard St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Paraprofessional | Name of Employer Milford Board of Ed | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/31/2018 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|---------------------------|---|-----------------------------------|
| Last Name Carrano | First Amanda | MI A | Contribution ID # 0112 |
| Residential Street Address 53 Gerard St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Customer Service/Marketing | Name of Employer Bob's | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | | Date Received 03/31/2018 | Aggregate Contributions \$5.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$5.00 | |

| | | | |
|---|---|---|-----------------------------------|
| Last Name Carrano | First Christopher | MI S | Contribution ID # 0113 |
| Residential Street Address 53 Gerard St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Production Manager | Name of Employer Precision X-Ray Inc | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | | Date Received 03/31/2018 | Aggregate Contributions \$5.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$5.00 | |

| | | | |
|---|-----------------------------|---|-------------------------------------|
| Last Name Cantafio | First Blanche | MI J | Contribution ID # 0114 |
| Residential Street Address 24 Brierwood Dr | City Orange | State CT | Zip Code 06477 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | | Date Received 03/31/2018 | Aggregate Contributions \$250.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$250.00 | |

| | | | |
|---|--|---|-------------------------------------|
| Last Name Cantafio | First Armand | MI J | Contribution ID # 0115 |
| Residential Street Address 24 Brierwood Dr | City Orange | State CT | Zip Code 06477 |
| Principal Occupation President | Name of Employer Northeast Electronics Corp | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | | Date Received 03/31/2018 | Aggregate Contributions \$250.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$250.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|--|------------------------------------|
| Last Name Opin | First Gary | MI | Contribution ID # 0116 |
| Residential Street Address 30 Edgewater Pl | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Orthodontist | Name of Employer Self | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/31/2018 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|--|--|--|------------------------------------|
| Last Name Dowin | First Richard | MI E | Contribution ID # 0117 |
| Residential Street Address 554 Merwin Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer N/A | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/31/2018 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|--|--|--|-------------------------------------|
| Last Name DiSora | First Gelsomina | MI | Contribution ID # 0118 |
| Residential Street Address 46 Dock Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/31/2018 | Aggregate Contributions \$150.00 |
| | | | Amount of Contribution \$150.00 |

| | | | |
|--|--|--|-----------------------------------|
| Last Name Freddino | First Gina | MI M | Contribution ID # 0119 |
| Residential Street Address 46 Dock Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation | Name of Employer Student | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/31/2018 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|---------------------------------------|--|-----------------------------------|
| Last Name Krempa | First Matthew | MI V | Contribution ID # 0120 |
| Residential Street Address 84 Brown St | City West Haven | State CT | Zip Code 06516 |
| Principal Occupation Student | Name of Employer Univ Of New Haven | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/31/2018 | Aggregate Contributions \$5.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$5.00 | |

| | | | |
|--|------------------|--|-----------------------------------|
| Last Name Sinisgalli | First Anna | MI E | Contribution ID # 0121 |
| Residential Street Address 12 Laura St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/31/2018 | Aggregate Contributions \$5.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$5.00 | |

| | | | |
|--|-----------------------------------|--|-------------------------------------|
| Last Name Giannattasio | First Norma | MI F | Contribution ID # 0122 |
| Residential Street Address 23 F Lucy St | City Woodbridge | State CT | Zip Code 06525 |
| Principal Occupation Hair Dresser | Name of Employer Self employed | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/31/2018 | Aggregate Contributions \$250.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$250.00 | |

| | | | |
|--|-----------------------------|--|-------------------------------------|
| Last Name Giannattasio | First Anthony | MI P | Contribution ID # 0123 |
| Residential Street Address 58 Rosebrook Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Student | Name of Employer Student | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/31/2018 | Aggregate Contributions \$250.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$250.00 | |

| | | |
|--|--|-------------------|
| Total of Section B | | \$9,255.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS | (Sections A + B) <i>(Total on Line 14, Column A of Summary Page)</i> | \$9,255.00 |

I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|----------------------------|
| Tony G. for Senate | April 10 Filing - Original |

C1. Contributions from Other Committees

| | | | | | | |
|-------------------|-------|---|-------------------|-------------------------|----|------------------------|
| Name of Committee | | | Name of Treasurer | | | |
| Address | | Is this contribution associated with an event reported in Section J1? | | Yes | No | Amount of Contribution |
| | | If yes, list Event # | | | | |
| City | State | Zip Code | Date Received | Aggregate Contributions | | |

Total of Section C1

I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE | TYPE OF REPORT |
|--------------------|----------------------------|
| Tony G. for Senate | April 10 Filing - Original |

C2. Reimbursements or Surplus Distributions from other Committees

| | | | | | |
|-------------------|-------------|---|-------------------|-------------------|--|
| Name of Committee | | | Name of Treasurer | | |
| Address | | Date Received | | Amount of Receipt | |
| City | State | Zip Code | Payment Type | | |
| | | Reimbursement for shared expense | | | |
| | | Surplus distribution from exploratory committee | | | |
| Expenditure # | Description | | | | |

Total of Section C2

| I. MONETARY RECEIPTS (Section A-I) | | | | | |
|--|--|-----------------|-----------|----------------------------|--|
| NAME OF COMMITTEE | | | | TYPE OF REPORT | |
| Tony G. for Senate | | | | April 10 Filing - Original | |
| D. Loans Received this Period | | | | | |
| Name of Lender | | Source of Loan: | | | Date of Receipt |
| | | Bank | Candidate | Individual | Other |
| Street Address | | City | State | Zip Code | Is there a cosigner or Guarantor of this loan? |
| | | | | | Yes No |
| Name of Cosigner/Guarantor (if applicable) | | | | | Amount Received |
| Street Address | | City | State | Zip Code | |
| | | | | | |
| Total of Section D | | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | |
|--|-------------------|----------------|-------------------|----------------------------|--|
| NAME OF COMMITTEE | | | | TYPE OF REPORT | |
| Tony G. for Senate | | | | April 10 Filing - Original | |
| E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY) | | | | | |
| Date of Receipt | Method of Payment | | | Amount | |
| | Cash | Personal Check | Credit/Debit Card | | |
| Total of Section E | | | | | |

| I. Monetary Receipts (Section A-I) | | | | | |
|---|--|------|---------------|----------------------------|--------|
| NAME OF COMMITTEE | | | | TYPE OF REPORT | |
| Tony G. for Senate | | | | April 10 Filing - Original | |
| G. Interest from Deposits in Authorized Accounts | | | | | |
| Name of Institution | | | Date Received | | Amount |
| | | | | | |
| Street Address | | City | State | Zip Code | |
| | | | | | |
| Total of Section G | | | | | |

I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE | TYPE OF REPORT |
|--------------------|----------------------------|
| Tony G. for Senate | April 10 Filing - Original |

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

| Purpose of Grant: | Grant Cycle: | | | Date Received | Amount |
|------------------------------------|--------------|------------------|------------------|---------------|--------|
| | Initial | Grant Adjustment | | | |
| Supplemental/Post Election Deficit | Primary | General Election | Special Election | | |

Total of Section H

I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE | TYPE OF REPORT |
|--------------------|----------------------------|
| Tony G. for Senate | April 10 Filing - Original |

I. Miscellaneous Monetary Receipts not Considered Contributions

| Name | Date of Transaction | Amount Received | | | | |
|---|---------------------|-----------------|----------|-------|----------|--|
| <table border="1"> <tr> <td>Street Address</td> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> </table> | Street Address | | City | State | Zip Code | |
| Street Address | City | State | Zip Code | | | |
| Description | | | | | | |

Total of Section I

II. EVENT ACTIVITY (Sections J1 - J4)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

J1. Event Information

| | | | | |
|--|--------|-------------|---|----------|
| Event # Date of Event | Letter | Description | Was this a fundraising event? Yes No | |
| Location: Street Address | | City | State | Zip Code |
| Was this event hosted at a personal residence? | | Yes | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. | |
| | | No | | |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? | | Yes | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. | |
| | | No | | |
| Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | | Yes | (If yes, enter Total Receipts here.) | |
| | | No | | |

Total of Section J1**II. EVENT ACTIVITY (Sections J1 - J4)**

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

J3. In-Kind Donations Not Considered Contributions

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

Total of Section J3

II. EVENT ACTIVITY (Sections J1 - J4)

| | |
|--|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

J4. In-Kind Donations Not Considered Contributions Associated with a House Party

| | | | |
|-------------------------|---|---|-------------------------------|
| Name of Host | | Is this event supporting more than one candidate? Yes No If yes, complete Itemization in Addendum J4 | |
| Street Address | | City | State Zip Code |
| Description of Donation | | | Fair Market Value of Donation |
| Event # | Aggregate value of this Event - all hosts | Aggregate value of all Events - this host/candidate | |

Total of Section J4

III. NONMONETARY RECEIPTS (Sections K - L)

| | |
|--|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

K. In-Kind Contributions

| | | | |
|--|---------------|--|--|
| Name | | | |
| Street Address | | City | State Zip Code |
| Is this contribution associated with an event reported in Section J1? If yes, list Event# | Yes No | Description of In-Kind Contribution | |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? | Yes No | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative | Fair Market Value of this Contribution |
| Type of Contributor: Individual Committee Sole Proprietorship | Date Received | Aggregate contributions | |

Total of Section K

III. Non Monetary Receipts (Sections K - L)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

L. Refundable Deposit to Telephone Company

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

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

N. Expenses Paid By Committee

| | | | | |
|---|---|--|--|-------------------|
| Name of Payee Ila Tokarz | | Date of Payment 03/19/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>101</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 155 Castle Ln | | City Milford | State CT | Zip Code 06460 |
| Purpose of Expend OFFICE | Description Reimbursement for business cards | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$76.56 |
| Name of Payee Amazon | | Date of Payment 03/26/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address PO Box 81226 | | City Seattle | State WA | Zip Code 98108 |
| Purpose of Expend OFFICE | Description Thank you note cards | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$35.94 |
| Name of Payee USPS | | Date of Payment 03/31/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 300 Pepes Farm Rd | | City Milford | State CT | Zip Code 06460 |
| Purpose of Expend POST | Description Stamps | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$150.00 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |
| N. Expenses Paid By Committee | |

| | | | |
|---|--|--|-------------------|
| Name of Payee SBC | Date of Payment 03/31/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>102</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 33 New Haven Ave | City Milford | State CT | Zip Code 06460 |
| Purpose of Expend FNDR * | Description Deposit for 4/19/18 Kick-off | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | \$200.00 |
| Total of Section N | | | \$462.50 |

IV. EXPENDITURES (Sections N - S)

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

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

P. Expenses Incurred on Committee Credit Card

| | | | | |
|---|--|-------------------------------|----------|---------------------|
| Name of Issuing Institution | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other | | | |
| Name of Vendor | | | | Date of Transaction |
| Street Address | City | State | Zip Code | |
| Purpose of Expenditure (by code) | Description | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Yes No | Expenditure # (if applicable) | Event # | |
| If yes, assign an Expenditure # and complete Itemization in Addendum | | | | |

Total of Section P**IV. EXPENDITURES (Sections N - S)**

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

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

| | | | | |
|---|-------------|-------------------------------|----------|--------------------------------------|
| Name of Creditor | | | | Date Incurred |
| Street Address | City | State | Zip Code | |
| Purpose of Expenditure (by code) | Description | | | Amount Incurred (Estimate or Actual) |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Yes No | Expenditure # (if applicable) | Event # | |
| If yes, assign an Expenditure # and completes Itemization in Addendum Q | | | | |

Total of Section Q

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | April 10 Filing - Original |

R. Itemization of Reimbursements and Secondary Payees

| | | | | |
|--|--------------|---------|---|--|
| Last Name of Worker/Consultant Tokarz | First Ila | MI M | Date of Payment to Vendor 03/19/2018 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 101 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|--|--------------|---------|---|--|

| |
|---|
| Name of Vendor Paid by Committee Worker/Consultant Vista Print |
|---|

| | | | |
|--|-----------------|-------------|-------------------|
| Street Address of Vendor 275 Wyman St | City Waltham | State MA | Zip Code 02451 |
|--|-----------------|-------------|-------------------|

| | |
|--|-------------------------------|
| Purpose of Expenditure (by code) OFFICE | Description Business Cards |
|--|-------------------------------|

| | | | |
|---|-------------------------------|---------|-------------------|
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # | Amount \$76.56 |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | |

Total of Section R**\$76.56****IV. EXPENDITURES (Sections N - S)**

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Tony G. for Senate | 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 Section S

| Section J4. ADDENDUM | |
|---|----------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| | |
| J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum | |
| Event # | |
| Name of Candidate | |

| Section N. ADDENDUM | |
|---|-----------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| | |
| N. Expenses Paid By Committee - Addendum | |
| Expenditure # | Amount of Expenditure |
| | |
| Name of Candidate | Office Sought |

| Section P. ADDENDUM | |
|---|-----------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| | |
| P. Expenses Incurred on Committee Credit Card - Addendum | |
| Expenditure # | Amount of Expenditure |
| | |
| Name of Candidate | Office Sought |

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

| Section R. ADDENDUM | |
|---|-----------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| | |
| R. Itemization of Reimbursements and Secondary Payees - Addendum | |
| Expenditure # | Amount of Expenditure |
| | |
| Name of Candidate | Office Sought |