SEEC FORM 30

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



Electronic Filing

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Page 1 of 101

COVER PAGE

1.NAME OF COMMITTEE						2. TYP	PE OF COMMITTEE
Kurt for CT						x	Candidate Committee Exploratory Committee
3. TREASURER NAME							
First		ľ	MI	Last			Suffix
Rory			М	Burke			
4. TREASURER ADDRESS							
Street Address		City			State		Zip Code
224 Beardsley Rd		Shelto	on		СТ		06484
5. ELECTION DATE	6. OFFICE SOUGHT (Con	mplete or	nly if Candidate	Committee)		7. DISTR	ICT NUMBER (if applicable
11/06/2018	State Comptroller						
8. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Co	omm <u>ittee</u>	e)				
First			MI	Last			Suffix
William			К	Miller			
9. TYPE OF REPORT							
April 10 Filing - Original						_	
10. PERIOD COVERED							
	Beginning Date			Ending Date			
	01/26/2018	thru	11	03/31/2018			
	- , -,		•	,			
_11. CERTIFICATION							
I hereby certify and state, on this Itemized Campaig accurate and complete.				I of the information set forth e period covered is true,			
Electronic Filing	Rory Burke			04/1	0/2018 8	:44:05PM	I
SIGNATURE	PRINT NAME OF THE	3 SIGNE	ΞR	DATE	CERTIFIED		
A Person who is found to have knowing	ngly and willfully violate	ed any i	provisions of	the campaign finance statut	es faces a civ	/il penalty	of up
to \$25,000, unless a fine of a larger a							•

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	TYPE OF REPORT					
Kurt for CT	April 10 Filing - Original						
	COLUMN A	COLUMN B					
	This Period	Aggregate					
12. Balance on hand from day Committee was formed		\$0.00					
13. Balance on hand at the beginning of Reporting Period	\$0.00						
14. Contributions received from Individuals (Section A and B)	\$18,680.52	\$18,680.52					
15. Receipts from Other Committees (Sections C1 and C2)	\$6,594.50	\$6,594.50					
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)	\$25,275.02	\$25,275.02					
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$25,275.02	\$25,275.02					
20. Expenses Paid by Committee (Section N)	\$19,187.68	\$19,187.68					
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$6,087.34	\$6,087.34					
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$40.00	\$40.00					
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)	\$604.07	\$604.07					
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00					
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00						
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00						

Page 3 of 101

	~ /~						
I. MONETARY RECEIPT	S (Se	ection A-I)	I mx	WE OF DEPORT			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original				
Kurt for CT			7,011110	Timing Original			
A. Total Contributions from Small Contributors-Received this Period	d Ol	NLY		For Nonpartic	ipating Cand	lidates ONLY	
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First				MI	Contribution ID #	
Schiappa		Janice			Н	0209	
Residential Street Address	City				State	Zip Code	
116 Soundview Ave		Shelton			СТ	06484	
Principal Occupation		Name of Employe	er				
Registered Dietitian Nutritionist		REtire	d				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a lo dependent child o		se, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:				x _{No}			
Is this contribution associated with Method of contribution:	Date	Received	Aggregate	Contributions	1		
an event reported in Section J1? Yes Cash Personal Check							
X No T	02/0	05/2018		\$50.00	\$50.00		
If yes, list Event #							
Last Name	First				MI	Contribution ID #	
Flach		Dana			D	0210	
Residential Street Address	City				State	Zip Code	
75 O Neill Rd	<u> </u>	Oxford			СТ	06478-1532	
Principal Occupation		Name of Employe	er				
Tax Collector			of Seymo				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a lo dependent child o		se, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent onna o	a roody ist.	x No			
Is this contribution associated with Yes Wethod of contribution:	Date	Received	Aggregate	Contributions	1		
x No Cash Personal Check	02/0	08/2018		\$50.00		\$50.00	
If yes, list Event #						_	
Last Name	First				MI	Contribution ID #	
Monaco		Domenic			С	0211	
Residential Street Address	City				State	Zip Code	
76 Westfield Dr		Trumbull			СТ	06611	
Principal Occupation		Name of Employe	er				
Sales		Premie	er Graphi	cs			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a lo dependent child o		se, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:				x No			
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate	Contributions	1		
an event reported in Section 31:							
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/0	08/2018		\$100.00		\$100.00	

Page 4 of 101

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Kurt for CT			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Wood		Elise		J	0212			
Residential Street Address	City	6		State	Zip Code			
80 Balance Rock Rd Principal Occupation	<u> </u>	Seymour Name of Employ	on.	СТ	06483			
Registrar of Voters			of Seymour					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
X No Cash Personal Check	02.0	00/2010	±100.00		±100.00			
If yes, list Event # Money Order Credit/Debit Card	02/	08/2018	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Baklik		Andrew		D	0274			
Residential Street Address	City			State	Zip Code			
501 Roosevelt Dr Apt 2		Derby		СТ	06418			
Principal Occupation		Name of Employ	er	-	•			
Chief of Staff		-	f Derby					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent ennu (
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash Personal Check	02/	08/2018	\$50.00		\$50.00			
If yes, list Event # 02082018A			1.1.1.1					
Last Name	First			MI	Contribution ID #			
Bashar		John			0275			
Residential Street Address	City			State	Zip Code			
104 Blueberry Ln	<u> </u>	Shelton		СТ	06484			
Principal Occupation		Name of Employ						
Attorney Is contributor a principal of a state contractor or prospective state contractor?			f Shelton obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of		Amot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in section 31?								
If yes, list Event # 02082018A	02/	08/2018	\$100.00		\$100.00			
				l	La .a			
Last Name Berthel	First	Krista		MI	Contribution ID # 0276			
Residential Street Address	City	Kiista		State	Zip Code			
92 Malvern Hill Rd		Watertown		СТ	06795			
Principal Occupation		Name of Employ	er	!				
Manager		North	west Public Safety					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	a loodyist?					
government the contract is with: Legislative Legislative	F :	D : 1	x _{No}					
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	02/	08/2018	\$100.00		\$100.00			
If yes, list Event # 02082018A Money Order Credit/Debit Card	02/	55/2010	φ100.00	I	¥100.00			

Page 5 of 101

I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT				
Kurt for CT			April 10 Filing - Original				
B. Itemized Contributions from	n Ind	lividuals	•				
Last Name	First			MI	Contribution ID #		
Brangwynne		Grace		G	0277		
Residential Street Address	City			State	Zip Code		
53 Holbrook Rd		Seymour		СТ	06483		
Principal Occupation Intern		Name of Employ	of Seymour				
			11.14	Amou	unt of Contribution		
Yes X No)	dependent child of	Vac				
If yes, indicate which branch or branches of government the contract is with:			x _{No}				
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section 31?							
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/0	08/2018	\$20.00		\$20.00		
				I			
Last Name	First	Alfrad In		MI	Contribution ID #		
Bruno Residential Street Address	City	Alfred Jr.		P State	0278 Zip Code		
10 Maconnie Ct	City	Seymour		CT	06483		
Principal Occupation		Name of Employ	er	<u> </u>			
Attorney		Berch	em, Moses PC				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?				
government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions				
Cash X Personal Check	02.	20/2010	+400.00		+100.00		
If yes, list Event # 02082018A No Money Order Credit/Debit Card	02/0	08/2018	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Burke		Rory		М	0279		
Residential Street Address	City			State	Zip Code		
224 Beardsley Rd		Shelton		СТ	06484		
Principal Occupation		Name of Employ	er				
Administrative Assistant			of Seymour				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?			1.00.10.10.10.10.10.10.10.10.10.10.10.10				
X No Cash Personal Check	02/0	08/2018	\$60.00		\$60.00		
If yes, list Event #							
Last Name	First			MI	Contribution ID #		
Carver		Tanya			0280		
Residential Street Address	City			State	Zip Code		
1 Old Moose Hill Rd		Oxford		СТ	06478		
Principal Occupation Sr. Economic Analyst		Name of Employ	er / Bowes Inc				
			-literiat constant	Amou	unt of Contribution		
Yes X No)	dependent child of		1			
If yes, indicate which branch or branches of government the contract is with:			x _{No}				
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions	1			
all event reported in Section 31?							
If yes, list Event # 02082018A No San Service Cash Money Order Credit/Debit Card	02/0	08/2018	\$100.00		\$100.00		

Page 6 of 101

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Kurt for CT			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Connors		Timothy		Р	0281			
Residential Street Address	City			State	Zip Code			
70 N Benham Rd		Seymour		СТ	06483			
Principal Occupation General Contractor		Name of Employ	er Quality Home Improvement					
			obbyist, spouse, or	Amou	unt of Contribution			
Yes X No	О	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions					
x Cash Personal Check								
If yes, list Event # 02082018A No Money Order Credit/Debit Card	02/	08/2018	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Dantona	Thist	John		C	0282			
Residential Street Address	City	30		State	Zip Code			
271 Sunwood Dr		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er	•	•			
Police Commander		Seym	our Police Department	-				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child (
government the contract is with: Legislative Legislative	Dete	D i 4						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Sash Personal Check	02/	08/2018	\$225.00		\$100.00			
If yes, list Event # 02082018A	02,	00, 2010	Ψ220.00					
Last Name	First			MI	Contribution ID #			
Downs		John		E	0283			
Residential Street Address	City			State	Zip Code			
46 Allendale Dr	<u> </u>	North Haven		СТ	06473			
Principal Occupation		Name of Employ						
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of		Amot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Is project specified in Section 112. X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 02082018A No	02/	08/2018	\$100.00		\$100.00			
				l	Laurin			
Last Name Drugonis	First	Christopher		MI C	Contribution ID # 0284			
Residential Street Address	City	Спізсорпеі		State	Zip Code			
111 Middle Benham Rd		Seymour		СТ	06483			
Principal Occupation		Name of Employ	er		1			
Haz Mat Driver		Clean	Harbors Environmental Serv	rices				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	a loodyist?					
government the contract is with: Executive	٦.	n : 1	x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
No Cash Personal Check	02/	08/2018	\$100.00		\$100.00			
If yes, list Event # 02082018A	1 32/	,	Ψ100.00	l	T-30.00			

Page 7 of 101

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`		TYPE OF REPORT					
Kurt for CT April 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Drugonis		Alana		I	0285			
Residential Street Address	City			State	Zip Code			
111 Middle Benham Rd		Seymour		СТ	06483			
Principal Occupation Student		Name of Employ Stude						
			11 14	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	7 tinot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # 02082018A No Money Order Credit/Debit Card	02/	08/2018	\$20.00		\$20.00			
				I				
Last Name	First	Ammanuia		MI	Contribution ID #			
Drugonis Residential Street Address	City	Annmarie		A State	0286 Zip Code			
111 Middle Benham Rd	City	Seymour		CT	06483			
Principal Occupation		Name of Employ	er					
Executive Vice President		Facilit	y Support Services					
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a foodyist?					
government the contract is with:			x No					
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	02/	00/2010	¢100.00		¢100.00			
If yes, list Event # 02082018A	02/	08/2018	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Dzekian		Richard			0287			
Residential Street Address	City			State	Zip Code			
17 Krakow St		Derby		СТ	06418			
Principal Occupation		Name of Employ						
Mayor			of Derby					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		•	x No					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1? X Yes Method of contribution: X Personal Check								
If yes, list Event # 02082018A No Cash X Personal Check Money Order Credit/Debit Card	02/	08/2018	\$50.00		\$50.00			
If yes, list Event # OZOOZOTOM I Money Order I credit Debit Card								
Last Name	First			MI	Contribution ID #			
Hatfield		John		F	0288			
Residential Street Address 25 Patton Ave	City	Coumour		State CT	Zip Code 06483			
Principal Occupation	<u> </u>	Seymour Name of Employ	er	CI	00463			
Teacher		State						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
	0	dependent child of	a loodyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions					
all event reported in Section 31?								
If yes, list Event # 02082018A No San Service Cash Money Order Credit/Debit Card	02/	08/2018	\$50.00		\$50.00			

Page 8 of 101

L MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Kurt for CT			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Hendricks		Edward		D	0289
Residential Street Address	City			State	Zip Code
29 Evergreen Ter		Seymour		СТ	06483
Principal Occupation		Name of Employ			
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire		1 Amax	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes N	0	dependent child of	Voc	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with an avent reported in Section 112	Date	Received	Aggregate Contributions	1	
all event reported in Section 31?					
If yes, list Event # 02082018A No Anney Order Credit/Debit Card	02/0	08/2018	\$125.00		\$50.00
				L.,,	La . i . p. "
Last Name Koskelowski	First	Dahart Cu		MI J	Contribution ID #
Residential Street Address	City	Robert Sr.		State	0290 Zip Code
130 Pearl St	City	Seymour		CT	06483
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	o l	dependent child of	of a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	02/	00/2010	¢50.00		¢50.00
If yes, list Event # 02082018A	02/0	08/2018	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Labriola		David		К	0291
Residential Street Address	City			State	Zip Code
185 Riggs St		Oxford		СТ	06478
Principal Occupation		Name of Employ	er		
Attorney			ola & Labriola LLC		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna c	x No		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			1-88-98-1		
No N	02/0	08/2018	\$50.00		\$50.00
If yes, list Event# 02082018A				<u> </u>	
Last Name	First			MI	Contribution ID #
Logan		George		S	0292
Residential Street Address	City			State	Zip Code
101A Rovera Ter		Ansonia		СТ	06401
Principal Occupation Engineer/Executive		Name of Employ	er rion Water Comopany		
			-1.1	Amou	unt of Contribution
Yes X N	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 11:					
If yes, list Event # 02082018A No Cash Cash Personal Check	02/0	08/2018	\$100.00		\$100.00

Page 9 of 101

I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT							
Kurt for CT April 10 Filing - Original							
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Magri		Joshua		R	0293		
Residential Street Address	City	Courseum		State	Zip Code 06483		
16 Union St Principal Occupation	<u> </u>	Seymour Name of Employ	er	СТ	06483		
Student		Stude					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution		
If was indicate which branch or branches of	0	dependent child of	of a lobbyist?				
government the contract is with:			x _{No}				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
X No Personal Check	02/	00/2010	¢20.00		¢20.00		
If yes, list Event # Money Order Credit/Debit Card	02/	08/2018	\$20.00		\$20.00		
Last Name	First			MI	Contribution ID #		
Manville		Barbara		D	0294		
Residential Street Address	City			State	Zip Code		
614 E Flat Hill Rd		Southbury		СТ	06488		
Principal Occupation		Name of Employ	er		•		
Consultant		DXC (Corporation				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of		dependent enna (
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions				
an event reported in Section J1?	Date	Received	Aggregate Contributions				
No Cash X Personal Check	02/	08/2018	\$175.00		\$75.00		
If yes, list Event # 02082018A	,		7-1-1-1				
Last Name	First			MI	Contribution ID #		
Manville		Jeffrey		Α	0295		
Residential Street Address	City			State	Zip Code		
614 E Flat Hill Rd		Southbury		СТ	06488		
Principal Occupation		Name of Employ					
First Selectman Is contributor a principal of a state contractor or prospective state contractor?			of Southbury	Amor	unt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	V	Amot	unt of Contribution		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with an event reported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions				
X Parsaged Charles							
If yes, list Event # 02082018A No Money Order Credit/Debit Card	02/	08/2018	\$175.00		\$75.00		
				l	Laurin		
Last Name Marino	First	Vincent		MI M	Contribution ID # 0296		
Residential Street Address	City	VIIICEIIC		State	Zip Code		
830 Bayberry Ln	City	Orange		CT	06477		
Principal Occupation		Name of Employ	er	!			
Attorney		Coher	n & Wolf PC				
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of		dependent child of	a lobbyist?				
government the contract is with: Legislative Legislative Legislative	D. /	Dagaire-4					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions				
No Cash X Personal Check	02/	08/2018	\$100.00		\$100.00		
If yes, list Event # 02082018A	1			ı			

Page 10 of 101

I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Kurt for CT			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Marino		Debra		В	0297
Residential Street Address	City			State	Zip Code
830 Bayberry Ln	L.,	Orange		СТ	06577
Principal Occupation		Name of Employ		_	
Attorney Is contributor a principal of a state contractor or prospective state contractor?			Offices of Debra B Marino, LLC obbyist, spouse, or		unt of Contribution
Yes X N	o	dependent child of	37	Alliot	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an avert reported in Section 112	Date	Received	Aggregate Contributions		
X Passaged Charles					
If yes, list Event # 02082018A No Cash Money Order Credit/Debit Card	02/0	08/2018	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Matusovich	11130	Joseph III		IVII	0298
Residential Street Address	City	303сріі 111		State	Zip Code
132 Quaker Farms Rd		Oxford		СТ	06478
Principal Occupation	-	Name of Employ	er		
Detective		Seym	our Police Department		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	0	dependent child of	of a foodyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash X Personal Check					
If yes, list Event # 02082018A No Money Order Credit/Debit Card	02/0	08/2018	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
McConologue	1 1100	Lucy			0299
Residential Street Address	City			State	Zip Code
14 Edward Rd		Seymour		СТ	06483
Principal Occupation		Name of Employ	er	•	•
Senior Director		Town	of Seymour		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of			
government the contract is with: Executive Legislative			X No		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	02/	08/2018	\$50.00		\$50.00
If yes, list Event # 02082018A	02/	30/2010	\$50.00		\$30.00
Last Name	First			MI	Contribution ID #
McGorty		Ben			0300
Residential Street Address	City			State	Zip Code
30 Wigwam Dr		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
Realtor			m Raveis		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		acpendent child (
government the contract is with:	Doto	Received	Aggregate Contributions		
an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	02/0	08/2018	\$100.00		\$100.00
If yes list Event # 02082018A Money Order Credit/Debit Card	1			1	

Page 11 of 101

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		Auton /x-i)	TYPE OF REPORT					
Kurt for CT April 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Metzler		Michael		Е	0301			
Residential Street Address	City			State	Zip Code			
75 Rockwood Avenue Ext		Ansonia		СТ	06401			
Principal Occupation		Name of Employ	er					
Chief of Police		Town	of Seymour					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of)	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with A section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
X Parsonal Chark								
If yes, list Event # 02082018A No Money Order Credit/Debit Card	02/0	08/2018	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Metzler		Doreen		G	0302			
Residential Street Address	City			State	Zip Code			
79 Rockwood Ave Etension	ļ	Ansonia		СТ	06478			
Principal Occupation		Name of Employ	er					
Counselor		N/A						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent ennu (
government the contract is with: Executive Legislative								
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check								
If yes, list Event # 02082018A	02/0	08/2018	\$50.00		\$50.00			
LadNama	First.			М	Ct-ib-ti ID#			
Last Name Miller	First	Daan		MI	Contribution ID #			
Residential Street Address	City	Dean		State	0303			
	City	Coumour		CT	Zip Code 06483			
14 Big Dipper Dr Principal Occupation		Seymour Name of Employ	OH .	CI	00403			
Driver			i Industries					
			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of		Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			1.90.18					
No Cash X Personal Check	02/0	08/2018	\$50.00		\$50.00			
If yes, list Event # 02082018A		<i>'</i>			·			
Last Name	First			MI	Contribution ID #			
Nesteriak		Beth			0304			
Residential Street Address	City			State	Zip Code			
11 Chucta Rd		Seymour		СТ	06483			
Principal Occupation		Name of Employ	er					
Owner		В & В	Engineers					
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
— X C I								
If yes, list Event # 02082018A	02/0	08/2018	\$100.00		\$100.00			

Page 12 of 101

I, MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Kurt for CT			TYPE OF REPORT April 10 Filing - Original		
Kuit ioi Ci			, p.m. ro r ming ongine.		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Paecht		Bill			0305
Residential Street Address	City	C		State	Zip Code
20 Bellevue Ter Principal Occupation		Seymour Name of Employe	or	СТ	06483
Zoning Enforcement Officer			of Seymour		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of)	dependent child of	of a lobbyist?		
government the contract is with:			x _{No}	_	
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
No Cash X Personal Check	02/0	08/2018	\$100.00		\$100.00
If yes, list Event # 02082018A	02/0	36/2016	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Pettinella		Gary			0306
Residential Street Address	City			State	Zip Code
2 Mayflower Ln		Shelton		СТ	06484
Principal Occupation		Name of Employ			
Department of Public Works		-	f Shelton		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?					
If yes, list Event # 02082018A No Cash X Personal Check Money Order Credit/Debit Card	02/0	08/2018	\$100.00		\$100.00
If yes, list Event # 02082018A					
Last Name	First			MI	Contribution ID #
Pettinella		Cathy			0307
Residential Street Address	City	Cl. II		State	Zip Code
2 Mayflower Ln Principal Occupation		Shelton Name of Employe	or.	СТ	06484
Senior Director			ost USA		
				Amou	int of Contribution
Yes A No)	dependent child of			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with A yes We Method of contribution: Yes	Date	Received	Aggregate Contributions	1	
an event reported in section 31:					
If yes, list Event # 02082018A No Service	02/0	08/2018	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Polletta	Thist	Joseph		1411	0308
Residential Street Address	City			State	Zip Code
25 Lakeview Dr		Watertown		СТ	06795
Principal Occupation		Name of Employ	er	•	•
State Representative		State	of CT		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		acpendent child 0	x No		
government the contract is with:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?	Date				
If yes, list Event # 02082018A No No No No No Credit/Debit Card	02/0	08/2018	\$100.00		\$100.00

Page 13 of 101

I. MONETARY RECEIPT	S (Se	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT April 10 Filing - Original						
Kurt for CT April 10 Filing - Original						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Ryan		Bryan			0309	
Residential Street Address	City			State	Zip Code	
43 Holbrook Pl		Ansonia		СТ	06401	
Principal Occupation Deputy Chief		Name of Employ Seym	^{er} our Ambulance Associatior	1		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution	
If yes, indicate which branch or branches of	5	dependent child of	a lobbyist?			
government the contract is with: Is this contribution associated with Method of contribution:	D-4-	Received		0		
an event reported in Section J1?	Date	Received	Aggregate Contributions			
If yes, list Event # 02082018A No S No S Cash Personal Check Oredit/Debit Card	02/	08/2018	\$50.00		\$50.00	
	F: .				[C (T () ID (
Last Name	First	Charles		MI	Contribution ID # 0310	
Sampson Residential Street Address	City	Charles		State	Zip Code	
6 Commodore Hull Dr	City	Derby		CT	06418	
Principal Occupation		Name of Employ	er			
Police Officer		Town	of Wesport			
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or	Amou	unt of Contribution	
If yes, indicate which branch or branches of	S	dependent child of	of a lobbyist?			
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	_		
an event reported in Section J1? X Yes X Cash Personal Check Pers	02/	08/2018	\$50.00		\$50.00	
If yes, list Event # 02082018A	02,	00,2010	430.00			
Last Name	First			MI	Contribution ID #	
Satkowski		Alexandra			0311	
Residential Street Address	City			State	Zip Code	
4 Apple Ln	<u> </u>	Seymour		СТ	06483	
Principal Occupation Elementary Teacher		Name of Employ	er f Shelton			
·		,		Amo	unt of Contribution	
Yes A No	0	dependent child of	of a lobbyist?	es		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			X N	o		
Is this contribution associated with	Date	Received	Aggregate Contributions			
an event reported in section 31:						
If yes, list Event # 02082018A Cash Cash Personal Check Ozonova No	02/	08/2018	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Satkowski		Paul			0312	
Residential Street Address	City			State	Zip Code	
4 Apple Ln		Seymour		СТ	06483	
Principal Occupation		Name of Employ				
Law Enforcement Is contributor a principal of a state contractor or prospective state contractor? Yes X No.			of Seymour obbyist, spouse, or	Amo	unt of Contribution	
	0	dependent child of	•			
If yes, indicate which branch or branches of government the contract is with:			x N	o		
Is this contribution associated with	Date	Received	Aggregate Contributions			
an event reported in section 31?						
If yes list Event # 02082018A No Anney Order Credit/Debit Card	02/	08/2018	\$100.00		\$100.00	

Page 14 of 101

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Kurt for CT			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Satkowski		Andrew		Р	0313			
Residential Street Address	City			State	Zip Code			
4 Apple Ln		Seymour		СТ	06483			
Principal Occupation		Name of Employ	er					
Custodian		Town	of Seymour					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (
government the contract is with: Executive Legislative		p : 1						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No X Cash Personal Check	02/	08/2018	\$150.00		\$50.00			
If yes, list Event # 02082018A	02/	00/2010	\$150.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Schuttee		Thomas		N	0314			
Residential Street Address	City			State	Zip Code			
12 Heritage Dr		Seymour		СТ	06483			
Principal Occupation		Name of Employ	er					
Management		Sikors	sky					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with A yes We work to expect of in Section 112.	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # 02082018A No Money Order Credit/Debit Card	02/	08/2018	\$100.00		\$100.00			
T. Al	г			\ r	G (3 (B)			
Last Name Srinivasan	First	Prasad		MI	Contribution ID # 0315			
Residential Street Address	City	riasau		State	Zip Code			
268 Grandview Dr	City	Glastonbury		CT	06033			
Principal Occupation		Name of Employ	er					
Physician		Allerg	y Specialists of Hartford					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	·					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 02082018A	02/	08/2018	\$50.00		\$50.00			
1								
Last Name	First			MI	Contribution ID #			
Stravato Residential Street Address	City	Annalisa		State	0316			
Residential Street Address 61 Mayflower Dr	City	Wilton		State CT	Zip Code 06897			
Principal Occupation		Name of Employ	er	Ci	00037			
Registrar of Voters			of Wilton					
			obbyist, spouse, or	Amou	nt of Contribution			
Yes X No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions					
X Parsavel Check								
If yes, list Event # 02082018A No Section Money Order Credit/Debit Card	02/	08/2018	\$50.00		\$50.00			
!				•				

Page 15 of 101

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5t	ection A-1)	TYPE OF REPORT					
Kurt for CT April 10 Filing - Original								
B. Itemized Contributions from	T J							
		iividuais		ı	<u> </u>			
Last Name	First	_		MI -	Contribution ID #			
Temple		George		R	0317			
Residential Street Address	City			State	Zip Code			
2 Jensen Farm Rd		Oxford		СТ	06478			
Principal Occupation		Name of Employ						
First Selectman			of Oxford	•				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child c	_					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # 02082018A Cash Credit/Debit Card	02/0	08/2018	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Watt		Wayne			0318			
Residential Street Address	City			State	Zip Code			
1 Toppenfjell Ln	L	Oxford		СТ	06478			
Principal Occupation		Name of Employ	er					
Department of Public Works		Town	of Oxford					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with A yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 02082018A No Money Order Credit/Debit Card	02/0	08/2018	\$50.00		\$50.00			
_ · ·								
Last Name	First			MI	Contribution ID #			
Greene		Victoria		D	0319			
Residential Street Address	City			State	Zip Code			
10 Roosevelt Dr		Seymour		СТ	06483			
Principal Occupation		Name of Employ	er					
Teacher		Ridge	field Public Schools					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	I a loooyist:					
government the contract is with:			□ No					
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # 02082018A Cash Cash Personal Check Ozona Ozo	02/0	08/2018	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Klarides-Ditria		Nicole			0320			
Residential Street Address	City			State	Zip Code			
23 Osprey Dr		Seymour		СТ	06483			
Principal Occupation		Name of Employ	er					
Physical Trainer/Legislator		Laura	lton Hall/State of CT					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with Method of contribution: Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Credit/Debit Card	02/0	08/2018	\$300.00		\$100.00			

Page 16 of 101

I MONETA DV DECEMBER (C. P. A. D.									
I. MONETARY RECEIPT	S (S	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Kurt for CT April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Tymniak		Chris		W	0127				
Residential Street Address	City			State	Zip Code				
543 Old Mill Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er						
Chief Administrative Officer			of Stratford						
			obbyist snouse or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	02/	00/2010	¢100.00		¢100.00				
If yes, list Event # Money Order X Credit/Debit Card	02/	08/2018	\$100.00		\$100.00				
Fa									
Last Name	First			MI	Contribution ID #				
Staffieri		Dondi			0128				
Residential Street Address	City			State	Zip Code				
33 Pershing Ave		Seymour		СТ	06483				
Principal Occupation		Name of Employ	er						
Reservationist		Hy's l	ivery Service						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	02/	08/2018	\$25.00		\$25.00				
If yes, list Event # Money Order X Credit/Debit Card		•							
Last Name	First			MI	Contribution ID #				
Staffieri		Daniel			0129				
Residential Street Address	City	Darner		State	Zip Code				
33 Pershing Ave	City	Seymour		CT	06483				
Principal Occupation		Name of Employ	ON.	Ci	00403				
Hydraulic Mechanic Is contributor a principal of a state contractor or prospective state contractor?			obbyist spouse or	A					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	V	Атои	nt of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with:									
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
_									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	08/2018	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Dillon		Marc			0130				
Residential Street Address	City			State	Zip Code				
19 Park Ave		Canaan		CT	06018				
Principal Occupation		Name of Employ	er	-					
Political Consultant		Self							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	of a foodyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	1								
X No Cash Personal Check	02/	08/2018	\$50.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card	l ´		1	1	•				

Page 17 of 101

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		<u> </u>	TYPE OF REPORT						
Kurt for CT			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Klarides-Ditria		Nicole			0131				
Residential Street Address	City			State	Zip Code				
23 Osprey Dr		Seymour		СТ	06483				
Principal Occupation		Name of Employ							
Legislator Is contributor a principal of a state contractor or prospective state contractor?		State Is contributor a l	11 1 ·	Amou	unt of Contribution				
Yes X No)	dependent child of	Voc	7 tinot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/0	08/2018	\$300.00		\$100.00				
L AV	г			L	Louis B"				
Last Name Klarides	First	Themis		MI	Contribution ID # 0132				
Residential Street Address	City	THEITIS		State	Zip Code				
23 East Ct		Derby		СТ	06483				
Principal Occupation		Name of Employ	er						
Attorey		Coher	n & Wolf PC						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amount of Contribution					
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	02.	20/2010	#300.00		±100.00				
If yes, list Event # Money Order X Credit/Debit Card	02/1	08/2018	\$300.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Dyer		Danielle		М	0133				
Residential Street Address	City			State	Zip Code				
9A Woodcrest Dr		Prospect		СТ	06712				
Principal Occupation		Name of Employ	er						
Teacher		•	our Board of Education						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No	02/0	08/2018	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Dyer		Robert		J	0134				
Residential Street Address	City	Dunnanah		State	Zip Code				
9A Woodcrest Dr Principal Occupation		Prospect Name of Employ	or	СТ	06712				
Director of Technology			our Board of Education						
			abbreigt anguag or	Amou	ant of Contribution				
Yes X No)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in section 31?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/0	08/2018	\$100.00		\$100.00				

Page 18 of 101

I. MONETARY RECEIPTS (Section A-I)								
	<u>s (s</u> i	ection A-1)	TYPE OF REPORT					
(The state of the								
Rult for C1								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
McNelis		David			0135			
Residential Street Address	City			State	Zip Code			
49 Fox Hill Rd		Woodbridge		СТ	06525			
Principal Occupation		Name of Employ	er					
Software		Wizeh	live					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Credit/Debit Card	02/	08/2018	\$100.00		\$100.00			
Noney order Cadabon Cada								
Last Name	First			MI	Contribution ID #			
Miller		Denyse			0213			
Residential Street Address	City			State	Zip Code			
39 Birchwood Rd		Seymour		СТ	06483			
Principal Occupation		Name of Employ	er					
Speech Language Pathologist		West	Haven Board of Education					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution			
)	dependent child of	of a foodyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No T	02/	09/2018	\$50.00		\$50.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Demko		Richard		L	0214			
Residential Street Address	City			State	Zip Code			
31 Smith St		Seymour		СТ	06483			
Principal Occupation		Name of Employ	er					
Pistol Permit Instructor		Self						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	*					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No	02/	09/2018	\$50.00		\$50.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Desrochers		Donald			0215			
Residential Street Address	City			State	Zip Code			
60 Wheeler Ter		Stratford		СТ	06614			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
	,	dependent child of	of a foodyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
× No	02/	10/2018	\$100.00		\$100.00			
If yes, list Event # Money Order			İ	Ī				

Page 19 of 101

I MONETA DV DE CENTRO (C. C. A. D.									
I. MONETARY RECEIPT	S (Se	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Kurt for CT			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Desrochers		Frances		J	0216				
Residential Street Address	City			State	Zip Code				
60 Wheeler Ter		Stratford		СТ	06614				
Principal Occupation		Name of Employ	er						
Retired		Retire	d						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
x No Cash x Personal Check	02/:	10/2018	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Tipke		Erich		0	0217				
Residential Street Address	City			State	Zip Code				
50 Wheeler Ter		Stratford		СТ	06614				
Principal Occupation		Name of Employ	er	<u> </u>					
Retired		Retire							
			obbyjet enouge or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	37	7 tinou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the conduct is with.	Dete	D							
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
Cash X Personal Check									
If yes, list Event #	02/	10/2018	\$100.00		\$100.00				
-									
Last Name	First			MI	Contribution ID #				
Tipke		Florence		N	0218				
Residential Street Address	City			State	Zip Code				
50 Wheeler Ter		Stratford		СТ	06614				
Principal Occupation		Name of Employ							
Manager			aper Store						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	a lobbyist:						
government the contract is with:			x _{No}						
Is this contribution associated with A section 112 Yes We thou of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/:	10/2018	\$100.00		\$100.00				
in you, in the court of the cou									
Last Name	First			MI	Contribution ID #				
Condon		Karen		L	0219				
Residential Street Address	City			State	Zip Code				
26 Belle Vista Hts		Portland		СТ	06480				
Principal Occupation		Name of Employ	er	-					
Administrative Assistant		Otis E	levator						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or So Johnwigt? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	_	dependent child of	i a lobbyist?						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	l								
× No	02/	12/2018	\$100.00		\$100.00				
If yes, list Event # Money Order	ı			Ī					

Page 20 of 101

I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original		
Kurt for CT					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Boanno		Dominick		_	0126
Residential Street Address 99 Tyler St	City	West Haven		State CT	Zip Code 06516
Principal Occupation		West Haven Name of Employe	or	CI	00310
System Admin		EDR	•		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of)	dependent child o	of a lobbyist?		
government the contract is with:			x No		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	02/	13/2018	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	02/.	13/2016	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Wright		Jeffrey		Α	0117
Residential Street Address	City			State	Zip Code
1925 Huntington Tpke		Trumbull		СТ	06611
Principal Occupation		Name of Employe	er		
Painting Contractor			right & Co.		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a lo dependent child o	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}		
government the contract is with: In this containation accordance with Mathod of containations	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	15/2018	\$112.04		\$11.52
If yes, list Event #					-
Last Name	First			MI	Contribution ID #
Burstiner		Melissa		L	0118
Residential Street Address 61 Bedford Pl	City	Clan Back		State	Zip Code 07452
Principal Occupation		Glen Rock Name of Employe	er	NJ	07432
VP		NBC	•		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of)	dependent child o			
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	02/	15/2010	¢100.00		¢100.00
If yes, list Event # Money Order X Credit/Debit Card	02/.	15/2018	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Burstiner		Joe		R	0119
Residential Street Address	City			State	Zip Code
61 Bedford Pl		Glen Rock		NJ	07452
Principal Occupation		Name of Employe	er		
Managing Director		EDR			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a lo dependent child o	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		- "	x No		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			•		
If yes, list Event # Cash Personal Check Cash Personal Check Money Order X Credit/Debit Card	02/	15/2018	\$100.00		\$100.00

Page 21 of 101

I. MONETARY RECEIPT	S (Se	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original			
Kurt for CT April 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Volpacchio		Bert			0120	
Residential Street Address	City			State	Zip Code	
88 Brookfield Rd Principal Occupation	ļ.,	Seymour Name of Employ	ON .	СТ	06483	
Restauranteur		Hot Ta				
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative		асренаен сина с	x _{No}			
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	15/2018	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Hatfield		Susan		w	0121	
Residential Street Address	City			State	Zip Code	
306 Wrights Crossing Rd	<u> </u>	Pomfret		СТ	06259	
Principal Occupation		Name of Employ	er			
Assistant State's Attorney		State				
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}			
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section 31? Cash Personal Check	l					
If yes, list Event # No Money Order X Credit/Debit Card	02/	15/2018	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Brouillette		Lisa		М	0122	
Residential Street Address	City			State	Zip Code	
52 Smoke Rise Cir	<u> </u>	Prospect		СТ	06712	
Principal Occupation		Name of Employ				
Legal Assistant			Office of Michael T. Barrett	Amou	ant of Contribution	
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	о	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	iit of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No			
Is this contribution associated with an avent reported in Section 112	Date	Received	Aggregate Contributions			
an event reported in Section J1? X No		4.5.40.4.0	450.00			
If yes, list Event # No Money Order X Credit/Debit Card	02/	15/2018	\$50.00		\$50.00	
Last Name	First			MI	Contribution ID #	
Marcantonio		Ellen		М	0123	
Residential Street Address	City			State	Zip Code	
67 Deerwood Dr		Bethlehem		CT	06751	
Principal Occupation		Name of Employ				
Retired		Retire	obbriet enouge or	Amou	unt of Contribution	
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative			x _{No}			
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	15/2018	\$100.00		\$100.00	

Page 22 of 101

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT April 10 Filing - Original								
Kurt for CT April 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Conlan		Mortimer			0124			
Residential Street Address	City			State	Zip Code			
73 Brookfield Rd		Seymour		СТ	06483			
Principal Occupation Operations Manager		Name of Employ O.Ber	^{er} k New England					
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative		D 1 1		_				
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	15/2018	\$50.00		\$50.00			
	l			1				
Last Name	First			MI	Contribution ID #			
Findley Residential Street Address	Cit	Bob		Ct-t-	O125 Zip Code			
57 Brookfield Rd	City	Seymour		State	06483			
Principal Occupation		Name of Employ	er	Ci	00463			
Director Global Services		Emers						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution			
If yes, indicate which branch or branches of	0	dependent child o	of a lobbyist? Yes X No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-				
an event reported in Section J1?			1-88-48					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	15/2018	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Freda		Michael		J	0116			
Residential Street Address	City			State	Zip Code			
90 Highland Park Rd		North Haven		СТ	06473			
Principal Occupation		Name of Employ	er					
First Selectman			of North Haven					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:		•	x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
X No Cash Personal Check	02/	17/2018	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	02/	17/2010	\$100.00		φ100.00			
Last Name	First			MI	Contribution ID #			
Gramolini Schwartz		Angela			0115			
Residential Street Address	City			State	Zip Code			
1 Manners Ave	<u> </u>	Seymour		СТ	06483			
Principal Occupation		Name of Employ						
Laboratory Scientist Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	2	Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyist?					
government the contract is with:			x _{No}	_				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
x No Cash Personal Check	02/	10/2010	#E0 00		¢E0.00			
If yes_list Event # No Money Order X Credit/Debit Card	J UZ/	18/2018	\$50.00	1	\$50.00			

Page 23 of 101

I. MONETARY RECEIPTS (Section A-I)									
	5 (56	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Kurt for CT April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Criscuolo		John			0114				
Residential Street Address	City			State	Zip Code				
111 Angela Dr		East Haven		СТ	06512				
Principal Occupation		Name of Employ	er						
Labor Relations Rep.		Yale U	Iniversity						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes list Event # Cash Personal Check Money Order X Credit/Debit Card	02/2	20/2018	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Deslauriers		Marc		J	0220				
Residential Street Address	City			State	Zip Code				
81 Newgate Rd		Oxford		СТ					
Principal Occupation		Name of Employ	er						
Owner - Carpenter		C & E	Remodling						
			obbyjet enouge or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Dute	Received	riggiegate Contributions						
X No Cash X Personal Check	02/	21/2019	¢100.00		¢100.00				
If yes, list Event # Money Order Credit/Debit Card	02/.	21/2018	\$100.00		\$100.00				
LadNama	Firet.			М	Ct-ilti ID#				
Last Name	First	_		MI	Contribution ID #				
Ljungquist	O.	Tammy		L	0221				
Residential Street Address	City	0.6.1		State	Zip Code				
81 Newgate Rd		Oxford		СТ	06478				
Principal Occupation		Name of Employ							
C00			ridge Management Inc.						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x _{No}						
government the contract is with:									
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check									
If yes, list Event # Money Order Credit/Debit Card	02/	21/2018	\$100.00		\$100.00				
-									
Last Name	First			MI	Contribution ID #				
Sullivan		William		Р	0223				
Residential Street Address	City			State	Zip Code				
30 Valley View Rd	L	Copake		NY	12516				
Principal Occupation		Name of Employ							
Retired		Retire	d						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Credit/Debit Card	02/2	21/2018	\$100.00		\$100.00				

Page 24 of 101

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`		TYPE OF REPORT					
Kurt for CT			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Cascella		Patrick		J	0224			
Residential Street Address	City			State	Zip Code			
74 Bungay Rd	<u> </u>	Seymour		СТ	06483			
Principal Occupation Field Manager		Name of Employ						
			ridge Management Inc.	Amou	ant of Contribution			
Yes X No	0	dependent child of	37	111100	an or continuation			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check X No X Money Order Credit/Debit Card	02/	22/2018	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Greco	FIISt	Linda		C	0225			
Residential Street Address	City	Linuu		State	Zip Code			
121 N Street 5B		Seymour		СТ	06483			
Principal Occupation		Name of Employ	er					
Dispatcher		Griffir	n Hospital					
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
X No Cash Personal Check		22 (22 4 2	4400.00					
If yes, list Event # Money Order Credit/Debit Card	02/.	22/2018	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Ortiz		Jennifer		М	0226			
Residential Street Address	City			State	Zip Code			
48 Roberts St		Seymour		СТ	06483			
Principal Occupation	-	Name of Employ	er	-	•			
Deli Clerk		Stop	& Shop					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (x No					
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	02/	22/2018	\$100.00		\$100.00			
If yes, list Event #			•					
Last Name	First			MI	Contribution ID #			
Santos		Joe		F	0227			
Residential Street Address	City			State	Zip Code			
117 N Street 3A	<u> </u>	Seymour		СТ	06483			
Principal Occupation Painter		Name of Employ						
			ridge Management Inc.	Amou	unt of Contribution			
Yes X No	0	dependent child of		2 111100				
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes Cash X Personal Check								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	22/2018	\$100.00		\$100.00			

Page 25 of 101

I. MONETARY RECEIPT	S (Se	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original					
Kurt for CT			April 10 1 lilling - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Wright		Jeffrey			0113			
Residential Street Address	City			State	Zip Code			
1925 Huntington Tpke		Trumbull		СТ	06611			
Principal Occupation Contractor		Name of Employ J A W	er right & Co.					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Dute	Received	riggiogue Controutions					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	22/2018	\$150.52		\$50.00			
Last Name	First			MI	Contribution ID #			
Hessels		Ronald		М	0228			
Residential Street Address	City			State	Zip Code			
15A Pheasant Dr		Seymour		СТ	06483			
Principal Occupation		Name of Employ	er					
Maintenanc			ridge Management Inc.	1				
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	02/	23/2018	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Krenesky		Michael		Α	0109			
Residential Street Address	City			State	Zip Code			
22 Maple Ave		Beacon Falls		СТ	06403			
Principal Occupation		Name of Employ						
IT Project Manager			on Group					
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 11?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	23/2018	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
LInares		Art			0110			
Residential Street Address	City			State	Zip Code			
1110 Old Clinton Rd Unit E		Westbrook		СТ	06498			
Principal Occupation		Name of Employ						
Business Owner			Senator	Amou	out of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Personal Check No	02/	23/2018	\$100.00		\$100.00			

Page 26 of 101

I, MONETARY RECEIPT	rs (se	ection A-I)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Kurt for CT			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Piselli		Ralph			0111			
Residential Street Address	City			State	Zip Code			
1093 W River Rd		Milford		CT	06461			
Principal Occupation		Name of Employ						
Franchise Sales			hise World Headquarters					
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	No	dependent child of	obbyist, spouse, or Yes Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	23/2018	\$25.00		\$25.00			
	<u> </u>							
Last Name	First			MI	Contribution ID #			
Feehan	G:	James		E	0112			
Residential Street Address 10 Stillman Rd	City	Nowth Haven		State	Zip Code			
Principal Occupation		North Haven	er	СТ	06473			
CEO	Name of Employer New England Fire Equipment & Apparatus							
Yes No dependent child of a lobbyist?								
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	23/2018	\$100.00		\$100.00			
	I .							
Last Name	First	1		MI	Contribution ID #			
DeCilio Residential Street Address	City	Louis		A State	0103 Zip Code			
160 Timber Ridge Rd	City	Stratford		CT	06614			
Principal Occupation	1	Name of Employ	er	C1	00011			
Registrar of Voters			of Stratford					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution			
If yes, indicate which branch or branches of	NO	dependent child of	-					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Wethod of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # Cash Personal Check Cash Personal Check Money Order X Credit/Debit Card	02/	24/2018	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Pyne		Warner III		С	0104			
Residential Street Address	City			State	Zip Code			
162 Center Rd		Woodbridge		СТ	06525			
Principal Occupation		Name of Employ	er					
Sales			a Health Corp.	•				
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	lo	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			· - -					
If yes, list Event #	02/	24/2018	\$50.00		\$50.00			

Page 27 of 101

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT April 10 Filing - Original								
Kurt for CT			April 10 Tilling - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Violano		Dominick Jr.			0105			
Residential Street Address	City			State	Zip Code			
78 Brookfield Rd	<u> </u>	Seymour		СТ	06483			
Principal Occupation Manufacturing Engineering		Name of Employe Sikors	er Sky Aircraft					
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a le	obbyist, spouse, or	Amou	int of Contribution			
If yes, indicate which branch or branches of	0	dependent child o	f a lobbyist?					
government the contract is with:			x _{No}	_				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	02/	24/2018	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card	02/	24/2016	\$30.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Baker		Bruce		М	0106			
Residential Street Address	City			State	Zip Code			
68 Greenwood Cir	<u> </u>	Seymour		СТ	06483			
Principal Occupation		Name of Employe						
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	о	dependent child o	obbyist, spouse, or f a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-				
an event reported in Section J1?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/2	24/2018	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Baker		Karen		А	0107			
Residential Street Address	City	6		State	Zip Code			
68 Greenwood Cir Principal Occupation	<u>. </u>	Seymour Name of Employe	or .	СТ	06483			
Retired		Retire						
				Amou	ınt of Contribution			
Yes A No	o	dependent child o						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions]				
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/2	24/2018	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Lombardi		Patrick		J	0108			
Residential Street Address	City			State	Zip Code			
149 Derby Ave		Seymour		СТ	06483			
Principal Occupation		Name of Employe	er					
Reitred		Retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a lo dependent child o	obbyist, spouse, or fa lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative		r	x No					
government the contract is with:	Date	Received	Aggregate Contributions	-				
an event reported in Section J1?								
If yes list Event # Cash Personal Check No	02/	24/2018	\$150.00		\$50.00			

Page 28 of 101

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT					
Kurt for CT			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Butler		Matthew			0098			
Residential Street Address	City			State	Zip Code			
1571 Hartford Tpke		North Haven		СТ	06473			
Principal Occupation Police Officer		Name of Employ						
		,	our Police Department obbyist, spouse, or	Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Voc	7 tinou	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	25/2018	\$50.00		\$50.00			
	I			L.a	La . i . p. "			
Last Name	First	Duina		MI	Contribution ID #			
Criscio Residential Street Address	City	Brian		State	Zip Code			
7 Legion Rd	City	Seymour		CT	06483			
Principal Occupation		Name of Employ	er	<u> </u>				
CPA		Citrin	Cooperman					
Is contributor a principal of a state contractor or prospective state contractor?					unt of Contribution			
If yes, indicate which branch or branches of	U	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
x No Cash Personal Check	l							
If yes, list Event # No Money Order X Credit/Debit Card	02/.	25/2018	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Horelick	1 1150	Lisa		A	0100			
Residential Street Address	City			State	Zip Code			
26 Culver Ln		North Haven		СТ	06473			
Principal Occupation		Name of Employ	er	•	•			
Admin. Assistant		South	ern CT State Universaty					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent ennu (x No					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	ŀ				
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	02/	25/2018	\$25.00		\$25.00			
If yes, list Event # Money Order X Credit/Debit Card			·		·			
Last Name	First			MI	Contribution ID #			
Dussetschleger		Patricia			0101			
Residential Street Address	City			State	Zip Code			
48 Davis Rd		Seymour		СТ	06483			
Principal Occupation		Name of Employ						
Registered Nurse Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of		Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event #	02/	25/2018	\$100.00		\$100.00			

Page 29 of 101

Number of COMMITTEE (Provide Complete Name as Registered with Commission)
Last Name Prince Superior Niezelesia Prince Superior Superior Superior Niezelesia Prince Superior Superior Superior Niezelesia Prince Superior Superior Niezelesia Prince Niezelesia Niezelesia Prince Niezelesia Prince Niezelesia Prince Niezelesia Prince Niezelesia Prince Niezelesia Prince
Late Name Niezelskia Since Address Sin
Niezelskid State Address
Contribution Cont
Principal Occupation Retired Securithutor a principal of a state contractor or prospective state contractor? Vest No No Securithutor a principal of a state contractor or prospective state contractor? Vest No Securithutor a principal of a state contractor or prospective state contractor? Vest No Securithutor a principal of a state contractor or prospective state contractor? Vest No Securithutor a principal of a state contract or or prospective state contractor? Vest No Securithutor a principal of a state contract or prospective state contractor? Vest No Securithutor a principal of a state contract or prospective state contractor? Vest No Securithutor a principal of a state contractor or prospective state contractor? Vest No Securithutor a principal of a state contractor or prospective state contractor? Vest No Stratford Securithutor a principal of a state contractor or prospective state contractor? Vest No Stratford Securithutor a principal of a state contractor or prospective state contractor? Vest No Stratford Securithutor a principal of a state contractor or prospective state contractor? Vest No Stratford Securithutor a principal of a state contractor or prospective state contractor? Vest No Securithutor a lookly, st., sponsa, or Vest No Securithutor a lookly, st., sponsa, or Vest No Securithutor and security Vest No Securithutor a lookly, st., sponsa, or Vest No Securithutor and security Vest No Securithutor and security Vest No Securithutor a lookly, st., sponsa, or No Securithutor and security Vest No Securithutor No Securithutor No Securithutor No
Name of Employer Retired Retir
Retired
Is contributor a principal of a state contractor or prospective state contractor or prospective state contractor or prospective state contractor or south or south or branch or branches or least on the contract or with: If yes, indicate which branch or branches or south or south or section J17 If yes, isst Event 8 Aggregate Contributions In section J17 If yes, isst Event 8 Aggregate Contributions In section J17 If yes, isst Event 8 Aggregate Contributions In section J17 If yes, isst Event 8 Aggregate Contributions In section J17 If yes, indicate which branch or branches of general Address In section J17 If yes, indicate which branch or branches of general Address If yes, indicate which branch or branches of general Address If yes, indicate which branch or branches of general Address If yes, indicate which branch or branches of general Address If yes, indicate which branch or branches of general Address If yes, indicate which branch or branches of general Address If yes, indicate which branch or branches of general Address If yes, indicate which branch or branches of general Address If yes, indicate which branch or branches of general Address If yes, indicate which branch or branches of general Address If yes, indicate which branch or branches of general Address If yes, indicate which branch or branches of general Address If yes, indicate which branch or branches of general Address If yes, indicate which branch or branches of general Address If yes, indicate which branch or branches of general Address If yes, indicate which branch or branches of general Address If yes, indicate which branch or branches of general Address If yes, indicate which branch or branches of general Address If yes, indicate which branch or branches of general Address If yes, indicate which branch or branches of general Address If yes, indicate which branch or branches of general Address If yes, indicate which branch or branches of general Address If yes, indicate which branch or branches of general Add
Hyes, indicate which branch or branches of contractive with: Legislative Legisla
Executive
Yes, list Event # Yes Cash Personal Check Personal Check
Hyss, list Event # \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$1
Last Name Residential Street Address If yes, insicate which branches of last contractor or prospective state contractor? Last Name Lest Name Legislative Le
Silhavey
Silhavey
Side 11 Hickory Woods Ln
Titl Hickory Woods Ln
Secontributor a principal of a state contractor or prospective state contractor? Yes X No Secontributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No No No No No No N
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Security Legislative Legislative Yes Security Legislative Legislative Yes No Security Secu
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Last Name Nimmons Residential Street Address Residential Street Address Retired Southibutor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, ist Event # Method of contribution: Cash X Personal Check Oz/25/2018 \$50.00 \$50.00 State Zip Code Oz/25/2018 Oz/25/2018 Oz/25/2018 Oz/25/2018 Name of Employer Retired Scontributor a principal of a state contractor or prospective state contractor? Yes X No Oz/25/2018 Oz/25/2018 Oz/25/2018 Name of Employer Oz/25/2018 Oz/25/2018 Oz/25/2018 Oz/25/2018 Name of Employer Oz/25/2018 Oz/25/2018 Oz/25/2018 Oz/25/2018 Oz/25/2018 No Oz/25/2018 Oz/2
If yes, indicate which branch or branches of government the contract is with: Security Legislative Legislat
Method of contribution associated with an event reported in Section J1? Last Name Residential Street Address 85 Pulaski Hwy Principal Occupation Retired Scontributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: If yes, list Event # Method of contribution: Date Received Aggregate Contributions
an event reported in Section J1? If yes, list Event # Last Name Nimmons Residential Street Address 85 Pulaski Hwy Principal Occupation 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: Is contribution associated with an event reported in Section J1? If yes, list Event # Method of contribution: Method of contribution: If yes, list Event # Method of contribution: Money Order Pressonal Check Credit/Debit Card Principal Occupation Retired Scontributor a principal of a state contractor or prospective state contractor? Pressonal Check Credit/Debit Card Principal Occupation Retired Scontributor a principal of a state contractor or prospective state contractor? Pressonal Check Credit/Debit Card Pressonal Check Credit/Debit Card Pressonal Check Credit/Debit Card Pressonal Check Credit/Debit Card Principal Occupation Retired Scontribution a sponger reported in Section J1? Amount of Contribution and a lobbyist? Amount of Contribution and a lobbyist and a lobbyist and a lobbyis
Last Name Nimmons Residential Street Address 85 Pulaski Hwy Principal Occupation 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: Is this contribution associated with an event reported in Section J1? If yes, list Event #
If yes, list Event # Money Order Credit/Debit Card William C Operation ID # Nimmons Residential Street Address 85 Pulaski Hwy Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor?
Nimmons City State
Residential Street Address 85 Pulaski Hwy Ansonia 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: Is this contribution associated with an event reported in Section J1? If yes, list Event # Cash X Personal Check Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card City Credit/Debit Card City Credit/Debit Card City C
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: Is this contribution associated with an event reported in Section J1? If yes, list Event # Ansonia Ansonia CT 06461 Name of Employer Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? Is contributor a lobbyist? Is contributor a lobbyist? Is contributor a lobbyist? Is contribution a lobbyist? Aggregate Contributions \$ Ansonia CT 06461 Octobribution Amount of Contribution Amount of Contribution Ansonia CT 06461
Principal Occupation 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: Is this contribution associated with an event reported in Section J1? If yes, list Event # Name of Employer Retired Retired Amount of Contribution a lobbyist, spouse, or dependent child of a lobbyist? Yes Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution a lobbyist? Is contribution a lobbyist? Is contribution a lobbyist? Amount of Contribution Appersonal Check O2/27/2018 \$100.00 \$100.00
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: Is this contribution associated with an event reported in Section J1? If yes, list Event # Retired Retired Amount of Contribution dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is personal Check Output Personal Check Output O
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No No
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Legislative Legislative Legislative Date Received Aggregate Contributions \$\text{\$\text{Aggregate Contributions}}\$ \$\text{\$\text{\$\text{\$\text{\$No\$}}\$}\$ \$\text{\$\text{\$\text{\$No\$}\$}\$}\$ \$\text{\$\text{\$\text{\$\text{\$No\$}\$}\$}\$ \$\text{\$\text{\$\text{\$\text{\$\text{\$No\$}\$}\$}}\$ \$\text{\$\text{\$\text{\$\text{\$\text{\$No\$}\$}\$}}\$ \$\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex
government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Executive Legislative L
Is this contribution associated with an event reported in Section J1? If yes, list Event # Method of contribution: Cash Received Date Received Aggregate Contributions \$\frac{1}{2}\$ Aggregate Contributions \$\frac{1}{2}\$ Aggregate Contributions \$\frac{1}{2}\$ Date Received \$\frac{1}{2}\$ Aggregate Contributions \$\frac{1}{2}\$ Aggregate Contributions \$\frac{1}{2}\$ Date Received \$\frac{1}{2}\$ Aggregate Contributions \$\frac{1}{2}\$ Date Received \$\frac{1}{2}\$ Date Recei
If yes, list Event # X No Cash X Personal Check O2/27/2018 \$100.00 \$100.00
If yes, list Event #
Lact Name First MI Contribution ID #
Fappiano Michael 0097
Residential Street Address City State Zip Code
8 Stony Creek Ln Seymour CT 06483
Principal Occupation Name of Employer
Seargant Seymour Police Department
Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution
If yes, indicate which branch or branches of
government on contract is with. Data Passaged Contributions
an event reported in Section J1?
Cash Personal Check

Page 30 of 101

I. MONETARY RECEIPTS (Section A-I)							
	5 (56	ection A-I)	Type of perope				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT							
Kurt for CT			April 10 Filing - Original				
B. Itemized Contributions from	n Ind	ividuals					
Last Name	First			MI	Contribution ID #		
Alibrio		Aaron			0096		
Residential Street Address	City			State	Zip Code		
201 Tonica Spring Trl		Manchester		СТ	06040		
Principal Occupation		Name of Employ	er				
Business Development		Johns	on Controls Incorporated				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution		
)	dependent child of	of a lobbyist?				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with Yes Wethod of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
If yes_list Event #	02/2	28/2018	\$100.00		\$100.00		
If yes, list Event # Money Order X Credit/Debit Card							
Last Name	First			MI	Contribution ID #		
Lesnick		Katherine			0231		
Residential Street Address	City			State	Zip Code		
3211 NE 8th St	-	Pompano Bea	ach	FL	33062		
Principal Occupation		Name of Employ		!			
Retired		Retire					
			obbyjet enouse or	Amou	nt of Contribution		
is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	37				
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?	Date	Received	Aggregate Contributions				
X No Cash Personal Check	02//	22/2018	¢100.00		¢100.00		
If yes, list Event # Money Order Credit/Debit Card	03/0	02/2018	\$100.00		\$100.00		
	Б				G (1 (ID#		
Last Name	First	D		MI	Contribution ID #		
Potash		Robert		G	0232		
Residential Street Address	City			State	Zip Code		
23 Glen Cir		Seymour		СТ	06483		
Principal Occupation		Name of Employ					
Retired		Retire					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		dependent enna e	*				
government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/0	02/2018	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Marganski		Michael			0233		
Residential Street Address	City			State	Zip Code		
14 Franklin St		Ansonia		СТ	06401		
Principal Occupation		Name of Employ	er				
Paramedic FTO		Ameri	ican Medical Response				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		dependent child of	or a roobyist?				
government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
If yes, list Event #	03/0	05/2018	\$50.00		\$50.00		

Page 31 of 101

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT					
Kurt for CT			April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Faust		Kyle			0234			
Residential Street Address	City			State	Zip Code			
160 Compfille Rd		Northfield		СТ	06778			
Principal Occupation		Name of Employ						
Consultant Is contributor a principal of a state contractor or prospective state contractor?			y Support Services obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	о	dependent child of	Vac	1 111100	ant of Continuation			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	05/2018	\$5.00		\$5.00			
	L .			I				
Last Name	First	5 13		MI	Contribution ID #			
King Residential Street Address	City	Fred Jr.		State	0235 Zip Code			
3 Carriage Dr	City	Oxford		CT	06478			
Principal Occupation		Name of Employ	er	CI	1 00470			
Funeral Director			ns King Funeral Home					
Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or Amount of								
dependent child of a foodysts?								
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? X No Cash Personal Check	l							
If yes, list Event # No Money Order Credit/Debit Card	03/	05/2018	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Bertram	1 1150	George		T	0173			
Residential Street Address	City			State	Zip Code			
295 Westenhook Ter		Southbury		СТ	06488			
Principal Occupation		Name of Employ	er	-	•			
President		Team	Six Inc.					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent cinia (x No					
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	03/	05/2018	\$100.00		\$100.00			
If yes, list Event # 03052018A		,			·			
Last Name	First			MI	Contribution ID #			
Bertram		Shanna		R	0174			
Residential Street Address	City			State	Zip Code			
295 Westenhook Ter		Southbury		СТ	06488			
Principal Occupation		Name of Employ						
Client Services Is contributor a principal of a state contractor or prospective state contractor?			ch Personalized Pest Manager obbyist, spouse, or		unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of		Amot	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with The contribution associated with The contribution associated with The contribution is Section 112 The contribution is Secti	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 03052018A No Cash X Personal Check Money Order Credit/Debit Card	03/	05/2018	\$100.00		\$100.00			

Page 32 of 101

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Kurt for CT			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Boucher		Anthony Sr.			0175			
Residential Street Address	City			State	Zip Code			
33 Sagamore Dr		Seymour		СТ	06483			
Principal Occupation		Name of Employ						
Owner Is contributor a principal of a state contractor or prospective state contractor?			Generator & Equipment obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	7 tinot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # 03052018A No Money Order Credit/Debit Card	03/	05/2018	\$50.00		\$50.00			
				I				
Last Name	First	Anthony In		MI	Contribution ID #			
Boucher Residential Street Address	City	Anthony Jr.		J State	0176 Zip Code			
33 Sagamore Dr	City	Seymour		CT	06483			
Principal Occupation		Name of Employ	er					
Student		Stude	nt					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No dependent shill of a lobbyiet? Yes Amount of dependent shill of a lobbyiet?								
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions					
No No Personal Check	02/	05/2010	¢50.00		¢50.00			
If yes, list Event # 03052018A	03/	05/2018	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Bruder		Patricia		М	0177			
Residential Street Address	City			State	Zip Code			
46 Johnson Ave		Seymour		СТ	06483			
Principal Occupation		Name of Employ						
Executive Assistant to the Chief			on Police Department					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1? X Yes Method of contribution: X Personal Check								
If yes, list Event # 03052018A No Cash X Personal Check Money Order Credit/Debit Card	03/	05/2018	\$50.00		\$50.00			
in yes, list Event # 05052016A Intolley Order Credit Debit Cald								
Last Name	First			MI	Contribution ID #			
Cirpriano		Vincent		F	0178			
Residential Street Address	City	Middlobum		State	Zip Code			
31 Stevens Rd Principal Occupation		Middlebury Name of Employ	or	СТ	06762			
Director			Homecare Solutions LLC					
			obbriet enouge or	Amou	unt of Contribution			
Yes X No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions					
all event reported in Section 31?								
If yes, list Event # 03052018A No San Service Cash Money Order Credit/Debit Card	03/	05/2018	\$50.00		\$50.00			

Page 33 of 101

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	, ()	ccion /x-i)	TYPE OF REPORT					
Kurt for CT April 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
DeLuca		Louis		С	0179			
Residential Street Address	City			State	Zip Code			
477 Main St N		Woodbury		СТ	06798			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 71:								
If yes, list Event # 03052018A Cash Credit/Debit Card	03/	05/2018	\$50.00		\$50.00			
33352020.								
Last Name	First			MI	Contribution ID #			
DiCarlo		John		W	0180			
Residential Street Address	City			State	Zip Code			
165 Laurel Rd		Harwinton		СТ	06791			
Principal Occupation		Name of Employ	er					
Administrator		Nauga	atuck Valley Council of Gover	nments				
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with A yes We want conserved in Section 112	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 03052018A No Money Order Credit/Debit Card	03/	05/2018	\$50.00		\$50.00			
3332023.								
Last Name	First			MI	Contribution ID #			
Dunn		Thomas		G	0181			
Residential Street Address	City			State	Zip Code			
8 Pleasant St		Wolcott		СТ	06716			
Principal Occupation		Name of Employ						
Mayor			of Wolcott					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna e	x No					
government the contract is with: Executive Legislative								
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
x c p 16 1		05/00/0	\. T0.00					
If yes, list Event # 03052018A Cash Personal Check No	03/	05/2018	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Last Name Dunn	FIISt			J				
Residential Street Address	City	Stephen Sr.		State	O182 Zip Code			
48 Catherine Dr	City	Wolcott		CT	06716			
Principal Occupation		Name of Employ	or	CI	00710			
Service Technician		CT Co						
			obbyist, spouse, or	Amou	nt of Contribution			
Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			-					
No No No Personal Check	03/	05/2018	\$50.00		\$50.00			
If yes, list Event # 03052018A	l i			1				

Page 34 of 101

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Kurt for CT April 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Ferron		Christine		R	0183			
Residential Street Address	City			State	Zip Code			
718 Chestnut Tree Hill Rd		Southbury		СТ	06488			
Principal Occupation		Name of Employ	er					
Assistant		Ace H	ardware of Woodbury					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # 03052018A No Solution No	03/	05/2018	\$50.00		\$50.00			
If yes, list Event # 03052018A				<u> </u>				
Last Name	First			MI	Contribution ID #			
Jasmin		Michael		Р	0184			
Residential Street Address	City			State	Zip Code			
10 Country Farm Rd		Oxford		СТ	06478			
Principal Occupation		Name of Employ						
Police Officer		-	our Police Department		-t -f.Ct-ilti			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution								
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions					
an event reported in Section J1?			86 -8					
No Cash X Personal Check	03/	05/2018	\$100.00		\$100.00			
If yes, list Event # 03052018A			·					
Last Name	First			MI	Contribution ID #			
King		Thomas			0185			
Residential Street Address	City			State	Zip Code			
111 Strathmore Rd		Middlebury		СТ	06762			
Principal Occupation		Name of Employ	er					
Human Resources Manager			& Shop Supermarket					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?	Bute	received	Aggregate Controlations					
No X Cash Personal Check	03/	05/2018	\$50.00		\$50.00			
If yes, list Event # 03052018A			•		•			
Last Name	First			MI	Contribution ID #			
LoPresti		Matthew			0186			
Residential Street Address	City			State	Zip Code			
89 Bear Run		Woodbury		СТ	06798			
Principal Occupation		Name of Employ						
Student		Stude						
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			558					
No Cash Personal Check	03/	05/2018	\$5.00		\$5.00			
If yes, list Event # 03052018A			İ	1				

Page 35 of 101

I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT							
Kurt for CT April 10 Filing - Original							
B. Itemized Contributions from	n Inc	lividuals					
Last Name	First			MI	Contribution ID #		
LoPresti		Michael			0187		
Residential Street Address	City			State	Zip Code		
89 Bear Run		Woodbury		СТ	06798		
Principal Occupation		Name of Employ					
Financial Services			America				
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (x _{No}				
government the contract is with:	Doto	Received	Aggregate Contributions				
an event reported in Section J1? Method of contribution: Yes Method of contribution:	Date	Received	Aggregate Contributions				
No Cash X Personal Check	03/	05/2018	\$50.00		\$50.00		
If yes, list Event # 03052018A	03/	03/2010	\$30.00		450.00		
Last Name	First			MI	Contribution ID #		
LoPresti		Dione			0188		
Residential Street Address	City			State	Zip Code		
89 Bear Run		Woodbury		СТ	06798		
Principal Occupation		Name of Employ	er	•			
Cafeteria Worker		Regio	n 14				
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?				
government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
Cosh X Parsonal Charle							
If yes, list Event # 03052018A No Money Order Credit/Debit Card	03/	05/2018	\$50.00		\$50.00		
LadNama	First			MI	Contribution ID #		
Last Name LoPresti	FIISt	Morgan		MI	0189		
Residential Street Address	City	Morgan		State	Zip Code		
888 Cambridge Ave	City	Cambridge		MA	02139		
Principal Occupation		Name of Employ	er	<u> </u>			
Customer Service		Beth :	Israel				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution		
)	dependent child of	·				
If yes, indicate which branch or branches of government the contract is with:			x No				
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section 31?							
If yes, list Event # 03052018A	03/	05/2018	\$5.00		\$5.00		
				l			
Last Name	First			MI	Contribution ID #		
LoPresti	C''	Michael Jr.		G	0190		
Residential Street Address	City	Middletown		State CT	Zip Code		
35 Northwoods Ln Principal Occupation		Name of Employ	er	CI	06457		
Agency Manager			r Insurance				
			obbyjet enouge or	Amou	nt of Contribution		
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
government the contract is with: Is this contribution associated with an event reported in Section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the property of the section 112 We have the p	Date	Received	Aggregate Contributions				
an event reported in Section 31:							
If yes, list Event # 03052018A Cash Cash Personal Check No Money Order Credit/Debit Card	03/	05/2018	\$5.00		\$5.00		
1 you, as 2 one a credit Debit Calif	I			ı			

Page 36 of 101

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Kurt for CT			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
LoPresti		Mackenzie			0191			
Residential Street Address	City			State	Zip Code			
89 Bear Run	<u> </u>	Woodbury		СТ	06798			
Principal Occupation		Name of Employ						
Student Is contributor a principal of a state contractor or prospective state contractor?		Stude Is contributor at		Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	о	dependent child of	Vac	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # 03052018A No Money Order Credit/Debit Card	03/	05/2018	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
LoPresti	FIISt	Madyson		IVII	0192			
Residential Street Address	City	Hadyson		State	Zip Code			
89 Bear Run	ا ا	Woodbury		СТ	06798			
Principal Occupation		Name of Employ	er	<u> </u>	!			
Customer Service		Prohe	ealth					
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with:			X No					
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # 03052018A Cash X Personal Check Credit/Debit Card Cred	03/	05/2018	\$5.00		\$5.00			
					1			
Last Name Manville	First			MI A	Contribution ID # 0193			
Residential Street Address	City	Jeffrey		State	Zip Code			
614 E Flat Hill Rd	City	Southbury		CT	06488			
Principal Occupation	!	Name of Employ	er	<u> </u>	00.00			
First Selectman		Town	of Southbury					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	J	dependent child of	of a foodyfst?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	03/	05/2018	\$125.00		\$25.00			
If yes, list Event # 03052018A	03/	03/2018	\$123.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Manville		Barbara		D	0194			
Residential Street Address	City			State	Zip Code			
614 E Flat Hill Rd		Southbury		СТ	06488			
Principal Occupation		Name of Employ	er					
IT Consultant		DXC (· ·					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		Simu	x No					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date		ob. obaco contituations					
No Cash Personal Check	03/	05/2018	\$125.00		\$25.00			
If yes, list Event # 03052018A	l .			ĺ				

Page 37 of 101

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Kurt for CT			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Miner		Eric		J	0195			
Residential Street Address	City			State	Zip Code			
24 Autumn Ridge Rd		Oxford		СТ	06478			
Principal Occupation Ethics & Compliance		Name of Employ						
			obbyist, spouse, or		ant of Contribution			
Yes X No	0	dependent child of	Voc					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # 03052018A No Money Order Credit/Debit Card	03/	05/2018	\$60.00		\$60.00			
Last Name	First			MI	Contribution ID #			
Napolentano Napolentano	FIISt	Erin		M	0196			
Residential Street Address	City			State	Zip Code			
6 Evening Star Dr		Seymour		СТ	06483			
Principal Occupation		Name of Employ	er		1			
		Reilly	Inspections					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of						
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	03/	05/2018	\$100.00		\$100.00			
If yes, list Event # 03052018A			,					
Last Name	First			MI	Contribution ID #			
Naylor		Jennifer		L	0197			
Residential Street Address	City			State	Zip Code			
195 Homestead Rd		Southbury		СТ	06488			
Principal Occupation Paralegal		Name of Employ	er -, Cassidy					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
Yes 🔼 No	0	dependent child of						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with	Date	Received	Aggregate Contributions					
all event reported in Section 31?								
If yes, list Event # 03052018A No Money Order Credit/Debit Card	03/	05/2018	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Mone	First	Edward		V	0198			
Residential Street Address	City	2411414		State	Zip Code			
100 Woodruff Ave		Thomaston		СТ	06787			
Principal Occupation		Name of Employ	er					
First Selectman		Town	of Thomaston					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		acpendent ennu (
government the contract is with: Executive Legislative Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions					
an event reported in Section J1?	Date	20001700						
No Cash X Personal Check	03/	05/2018	\$100.00		\$100.00			
If yes, list Event # 03052018A			<u> </u>					

Page 38 of 101

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Kurt for CT			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Nesteriak		Joseph III		Α	0199			
Residential Street Address	City			State	Zip Code			
436 Quaker Farms Rd		Oxford		СТ	06478			
Principal Occupation	-	Name of Employ	er	•	•			
Student		Stude	nt					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna e						
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No X Cash Personal Check	03/	05/2018	\$30.00		\$30.00			
If yes, list Event # 03052018A	00,	00, 2010	ψ50.00					
Last Name	First			MI	Contribution ID #			
Nesteriak		Kyra		Α	0200			
Residential Street Address	City			State	Zip Code			
436 Quaker Farms Rd		Oxford		СТ	06478			
Principal Occupation		Name of Employ	er					
Director of Parks & Recreations			of Oxford	•				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna c						
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	03/	05/2018	\$100.00		\$100.00			
If yes, list Event # 03052018A			7					
Last Name	First			MI	Contribution ID #			
Nesteriak		Joseph		Α	0201			
Residential Street Address	City			State	Zip Code			
436 Quaker Farms Rd		Oxford		СТ	06478			
Principal Occupation		Name of Employ						
Property Management			ridge Management					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		1	x No					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			86 .8					
No Cash X Personal Check	03/	05/2018	\$100.00		\$100.00			
If yes, list Event # 03052018A								
Last Name	First			MI	Contribution ID #			
Sherman		Robert		М	0202			
Residential Street Address	City			State	Zip Code			
28 Larkey Rd		Oxford		СТ	06478			
Principal Occupation		Name of Employ						
Sales Manager Is contributor a principal of a state contractor or prospective state contractor?			Graphix LLC obbyist, spouse, or	Amou	nt of Contribution			
Yes X No)	dependent child of	Vac	Amou	or continuation			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
government the contract is with: Is this contribution associated with an event reported in Section 11? Yes Method of contribution:	Date	Received	Aggregate Contributions					
— X C I								
If yes, list Event # 03052018A No Cash Personal Check No Money Order Credit/Debit Card	03/	05/2018	\$20.00		\$20.00			
1 you, not 2 tent in 5552515A	l							

Page 39 of 101

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	.,	A.HOII / X-1 /	TYPE OF REPORT						
Kurt for CT			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Smith		Robert		w	0203				
Residential Street Address	City			State	Zip Code				
79 Bioski Rd		Middlebury		СТ	06762				
Principal Occupation		Name of Employe	er	-	•				
Attorney		Rober	t W. Smith Law Offices						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or General Advanced Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	a loodyist?						
government the contract is with: Legislative Legislative Legislative	Doto	Dagaiyad							
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	03/	05/2018	\$150.00		\$50.00				
If yes, list Event # 03052018A	03/1	33/2010	\$150.00		450.00				
Last Name	First			MI	Contribution ID #				
St. John		Edward		В	0204				
Residential Street Address	City			State	Zip Code				
178 Bronson Dr		Middlebury		СТ	06762				
Principal Occupation		Name of Employ	er						
First Selectman		Town	of Middlebury						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or See Jahlaniata	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with A Yes We Method of contribution: Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # 03052018A No Money Order Credit/Debit Card	03/0	05/2018	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Tzepos Residential Street Address	Ci.	George		Z	0205				
50 Carriage Dr	City	Bethany		State CT	Zip Code 06524				
Principal Occupation		Name of Employe	or	Ci	00324				
Optometrist			our Optometric Center						
Is contributor a principal of a state contractor or prospective state contractor?		-	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # 03052018A No Cash Personal Check Money Order Credit/Debit Card	03/0	05/2018	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Willis		Timothy		Р	0206				
Residential Street Address	City			State	Zip Code				
13 Jay Ln		Seymour		СТ	06483				
Principal Occupation Deputy Fire Marshal		Name of Employe	er of Seymour						
			obbreigt anguag or	Amou	nt of Contribution				
Yes X No)	dependent child o	Vac	104					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1? X Yes Method of contribution: A Personal Check									
If yes, list Event # 03052018A	03/0	05/2018	\$100.00		\$100.00				

Page 40 of 101

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`		TYPE OF REPORT						
Kurt for CT April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Wolf		Griffin		Х	0207				
Residential Street Address	City			State	Zip Code				
718 Chestnut Tree Hill Rd	<u> </u>	Southbury		СТ	06488				
Principal Occupation Stock Boy		Name of Employ	^{er} Hardware of Woodbury						
			obbyist, spouse, or	Amou	unt of Contribution				
Yes X No	0	dependent child of	Voc						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 03052018A No Money Order Credit/Debit Card	03/	05/2018	\$50.00		\$50.00				
	I				T				
Last Name	First			MI	Contribution ID #				
Wolf Residential Street Address	City	Christopher		F State	0208 Zip Code				
718 Chestnut Tree Hill Rd	City	Southbury		CT	06488				
Principal Occupation		Name of Employ	er	CI	00400				
Owner			ardware of Woodbury						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	<u></u>						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
x Cash Personal Check									
If yes, list Event # 03052018A No Money Order Credit/Debit Card	03/	05/2018	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Baldwin	1 1150	Aileen			0093				
Residential Street Address	City			State	Zip Code				
58 Canfield Rd		Seymour		СТ	06483				
Principal Occupation		Name of Employ	er	=	•				
Manager		Yale U	Iniversity						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent cinia (x No						
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	03/	05/2018	\$50.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card		,	·						
Last Name	First			MI	Contribution ID #				
Baldwin		James			0094				
Residential Street Address	City			State	Zip Code				
58 Canfield Rd		Seymour		CT	06483				
Principal Occupation		Name of Employ							
Building Official Is contributor a principal of a state contractor or prospective state contractor?			of Seymour obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	о	dependent child of		Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No	03/	05/2018	\$50.00		\$50.00				

Page 41 of 101

I MONETA DV DECEMBER (C C A. D.									
I. MONETARY RECEIPT	5 (50	ection A-I)	I TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Kurt for CT			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Ditria		Steven			0095				
Residential Street Address	City			State	Zip Code				
23 Osprey Dr		Seymour		СТ	06483				
Principal Occupation		Name of Employ	er						
Detective		Seym	our Police Department						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	05/2018	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Richards		Kenneth III		W	0084				
Residential Street Address	City			State	Zip Code				
305 Judson Ave		Mystic		СТ	06355				
Principal Occupation		Name of Employ	er		00000				
Administrator			 /esterly Ambulance Corps, Ir	nc.					
			obbyist, spouse, or		int of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Alliou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with.	Б.	D : 1							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # Money Order X Credit/Debit Card	03/	07/2018	\$35.00		\$35.00				
<u> </u>				1	1				
Last Name	First			MI	Contribution ID #				
Manley		Pam		K	0085				
Residential Street Address	City			State	Zip Code				
153 Powder Point Ave		Duxbury		MA	02332				
Principal Occupation		Name of Employ	er						
Teacher		Duxbı	ury Public Schools						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	a lobbyist:						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
Ŭ No ☐	03/	07/2018	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
VanEgghen		Robert		J	0086				
Residential Street Address	City			State	Zip Code				
22 Woodside Ave		Seymour		СТ	06483				
Principal Occupation		Name of Employ	er		!				
Seismologist			Seismic Consultants						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No Cash Personal Check	03/	07/2018	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	I 33/	.,2010	Ψ100.00		T-30.00				

Page 42 of 101

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT April 10 Filing - Original								
Kurt for CT April 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Wasikowski		Michele		L	0087			
Residential Street Address	City			State	Zip Code			
98 Northrop Rd		Woodbridge		СТ	06525			
Principal Occupation HR Supervisor		Name of Employer Visha						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
If we sindicate which branch or branches of)	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}	_				
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
X No Cash Personal Check	03/	07/2018	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	03/	07/2010	Ψ100.00		———			
Last Name	First			MI	Contribution ID #			
DeFilippo		Ron		N	0088			
Residential Street Address	City			State	Zip Code			
54 Pine St		Shelton		СТ	06484			
Principal Occupation		Name of Employe						
Teamsters Driver			Industries	1				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	07/2018	\$5.00		\$5.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Trinci		Melissa		Α	0089			
Residential Street Address	City			State	Zip Code			
151 S Main St		Seymour Name of Employe	or.	СТ	06483			
Principal Occupation Volunteer Coordinator			ry Southbury					
			<u> </u>	Amou	int of Contribution			
Yes 🔼 No)	dependent child of	V					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions	1				
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit/Debit Card Credit	03/	07/2018	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Rupertus	1 1130	Bill		IVII	0090			
Residential Street Address	City			State	Zip Code			
235 Springvalley Way		Aston		PA	19014			
Principal Occupation		Name of Employe	er	•	•			
Retired		Retire	d	_				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		асренает стиа о	x No					
government the contract is with:	Det	Pagaiya4		-				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	03/	07/2018	\$25.00		\$25.00			
If yes_list Event # Money Order X Credit/Debit Card	i			i				

Page 43 of 101

I MONETA DV DECEMBER (C. P. A. D.								
I. MONETARY RECEIPTS	S (Se	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Kurt for CT			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Hogan		Kenneth		D	0091			
Residential Street Address	City			State	Zip Code			
18 Nancy Lynn Ln		Oxford		СТ	06472			
Principal Occupation		Name of Employ	er					
Contractor		Kenne	eth Hogan Construction LLC					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	<u> </u>					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
Ŭ No I□	03/0	07/2018	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Cutaneo		Carolyn		S	0092			
Residential Street Address	City			State	Zip Code			
24 Skyline Dr		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Manager		Prude						
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	-	D : 1						
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
If yes, list Event #	03/0	07/2018	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Cassetti		Joseph			0081			
Residential Street Address	City			State	Zip Code			
72 Root Ave		Ansonia		CT	06401			
Principal Occupation		Name of Employ	er					
Sales		Home	Depot					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
	,	dependent child of	•					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes_list Event #	03/0	08/2018	\$25.00		\$25.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Yannes		Jackie			0082			
Residential Street Address	City	346.116		State	Zip Code			
138 Skokorat St	City	Seymour		CT	06483			
Principal Occupation		Name of Employ	or	<u> </u>	00403			
Director								
			rers Learning Center	A	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	in or Contribution			
If yes, indicate which branch or branches of		· F · · · · · · · · · · · · · · · · · ·	x No					
government the contract is with: Executive Legislative		D 1 1						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
_								
If yes, list Event #	03/0	08/2018	\$50.00		\$50.00			

Page 44 of 101

I. MONETARY RECEIPT	S (Se	ection A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Kurt for CT	Kurt for CT April 10 Filing - Original								
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Burstiner		Brian		М	0083				
Residential Street Address	City			State	Zip Code				
171 Hunters Ridge Rd	<u>. </u>	Southbury		СТ	06488				
Principal Occupation National Director		Name of Employ	er inable Real Estate Solutions						
			obbyist, spouse, or	Amou	ınt of Contribution				
Yes X No	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31? Cash Personal Check									
If yes, list Event # Money Order X Credit/Debit Card	03/0	08/2018	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Bekech	1 1130	Melissa		IVII	0236				
Residential Street Address	City	Tichood		State	Zip Code				
66 Birchwood Rd		Seymour		СТ	06483				
Principal Occupation		Name of Employ	er						
Teacher		Bridge	eport Board of Education						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with: Executive Legislative		D 1 1	x No						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
x No Rersonal Check	03/0	08/2018	\$5.00		\$5.00				
If yes, list Event #	03/(50,2010	45.00		45.00				
Last Name	First			MI	Contribution ID #				
DiCapua		Linda		D	0237				
Residential Street Address	City			State	Zip Code				
336 1/2 Hawthorne Ave	<u> </u>	Derby		СТ	06418				
Principal Occupation		Name of Employ							
Cleaning Lady			ridge Management Inc.						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	03/0	09/2018	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Girard	FIISt	Brianna		L	0238				
Residential Street Address	City	Ditalila		State	Zip Code				
224 Beardsley Rd		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er	-					
Ops Project Implementation Specialist		Franc	hise World Headquarters						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		cind	x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event #	03/:	13/2018	\$100.00		\$100.00				

Page 45 of 101

I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT April 10 Filing - Original					
Kurt for CT April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Eighmy		George			0080
Residential Street Address	City			State	Zip Code
3090 11th Pl	<u> </u>	Vero Beach		FL	32960
Principal Occupation Healthcare		Name of Employ Indiar	er n River Medical Center		
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	at a lobbyist?		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?	Bute	recerred	11gg. egate commount		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	13/2018	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Holly		Robert		D	0077
Residential Street Address	City			State	Zip Code
202 W Church St		Seymour		СТ	06483
Principal Occupation		Name of Employ	er	-	•
Mechanic		Sikors	sky Aircraft		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent child o	x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?	03/	14/2018	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card		,	1		
Last Name	First			MI	Contribution ID #
Bruno		Kristen		D	0078
Residential Street Address	City			State	Zip Code
10 Macconnie Ct	<u> </u>	Seymour		СТ	06483
Principal Occupation		Name of Employ			
Administrator Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amor	ant of Contribution
Yes A No	0	dependent child of	V	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	14/2018	\$100.00		\$100.00
Lad Nove	First			MI	Contribution ID #
Last Name Waldron	FIISt	Kristin		A	Contribution ID # 0079
Residential Street Address	City	KHSUH		State	Zip Code
925 Oronoke Rd # 27E	City	Waterbury		CT	06708
Principal Occupation		Name of Employ	er	1	
Nursing		Gardn	er Heights		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or fa lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:		-	x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 31?					
If yes list Event # Cash Credit/Debit Card	03/	14/2018	\$50.00		\$50.00

Page 46 of 101

I MONETA DV DE CENTRO (C. C. A. D.								
I. MONETARY RECEIPT	S (Se	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Kurt for CT			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Magri		Robert		Т	0076			
Residential Street Address	City			State	Zip Code			
16 Union St		Seymour		СТ	06483			
Principal Occupation		Name of Employ	er					
Software Engineer		NEC						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist? Yes					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes_list Event #	03/:	15/2018	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Haluschak		Ruthann		М	0075			
Residential Street Address	City			State	Zip Code			
88 Cedar St		Seymour		СТ	06483			
Principal Occupation		Name of Employ	er					
Homemaker		Self						
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child o	Vac	711104	in or commonion			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
Cash Personal Check	02/	16/2010	#2F 00		±25.00			
If yes, list Event # Money Order X Credit/Debit Card	03/.	16/2018	\$25.00		\$25.00			
					a . 1			
Last Name	First	_		MI	Contribution ID #			
Miller		Donna		L	0071			
Residential Street Address	City			State	Zip Code			
32 Johnson Ave		Seymour		СТ	06483			
Principal Occupation		Name of Employ						
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent cinia c	a loodyist:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Nethod of contribution: Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event #	03/:	17/2018	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Wasilewskai		Wojciech			0072			
Residential Street Address	City			State	Zip Code			
17 Balance Rock Rd		Seymour		CT	06483			
Principal Occupation		Name of Employ	er					
Head Instructor		Bushi	Ban					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event #	03/	17/2018	\$25.00		\$25.00			

Page 47 of 101

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original					
Kurt for CT April 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Philippas		Joshua			0073			
Residential Street Address	City			State	Zip Code			
1 Osprey Dr		Seymour		СТ	06483			
Principal Occupation Social Media Intern		Name of Employ	er ification Products					
			obbyist, spouse, or	Amor	unt of Contribution			
Yes X No	0	dependent child of	Vo	S				
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
Cash Personal Check	l							
If yes, list Event # No Money Order X Credit/Debit Card	03/	17/2018	\$20.00		\$20.00			
Last Name	First			MI	Contribution ID #			
Valeski		Dawn		R	0074			
Residential Street Address	City			State	Zip Code			
20 Osprey Dr		Seymour		СТ	06483			
Principal Occupation		Name of Employ	er	-	•			
Assistant		Town	of Seymour					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Ye	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	\exists				
an event reported in Section J1?	Dute	110001100	1.66. egate contributions					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	17/2018	\$100.00		\$100.00			
in yes, list event #								
Last Name	First			MI	Contribution ID #			
Brower		Valerie			0239			
Residential Street Address	City			State	Zip Code			
21 Bungay Rd	<u> </u>	Seymour		СТ	06483			
Principal Occupation		Name of Employ						
Dental Assistant/Scrub Tech Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amo	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	о	dependent child of		S	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			X No					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions	7				
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	17/2018	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Brower		Philip			0240			
Residential Street Address	City	r		State	Zip Code			
21 Bungay Rd		Seymour		СТ	06483			
Principal Occupation	•	Name of Employ	er	•	•			
IT Security Specialist		Vetera	ans Administration					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Ye	Amou	unt of Contribution			
If yes, indicate which branch or branches of		acpendent emili (x No					
government the contract is with:	Dete	Received	Aggregate Contributions	4				
an event reported in Section J1?	Date	ACCUIVEU	Aggregate Contributions	1				
x No Zash Personal Check	03/	17/2018	\$5.00		\$5.00			
If yes_list Event # Money Order Credit/Debit Card	l í	*	'					

Page 48 of 101

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		A.HOII / X-1 /	TYPE OF REPORT						
Kurt for CT April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Downs		Barbara		L	0241				
Residential Street Address	City			State	Zip Code				
75 Coppermine Rd		Oxford		СТ	06478				
Principal Occupation		Name of Employ	er						
Mother/Housewife		Unem	ployed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	if a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No	03/:	18/2018	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Downs		John Jr.		Α	0242				
Residential Street Address	City			State	Zip Code				
75 Coppermine Rd		Oxford		CT	06478				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or General Advanced Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	03/:	18/2018	\$5.00		\$5.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Caseria		Gina		М	0070				
Residential Street Address	City			State	Zip Code				
28 Beacon St		Stratford		СТ	06614				
Principal Occupation		Name of Employ	er						
Freelance Funeral Director		Self							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	a lobbyist:						
government the contract is with:			x _{No}						
Is this contribution associated with A section 112 Yes We thou of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Credit/Debit Card	03/:	18/2018	\$15.00		\$15.00				
J.,									
Last Name	First			MI	Contribution ID #				
Iacuone		Matthew			0136				
Residential Street Address	City			State	Zip Code				
32 Sunset Hill Dr		Monroe		СТ	06468				
Principal Occupation		Name of Employ							
Assistant Controller			ns Equipment Finance LLC						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		acpendent emila (•						
government the contract is with: Executive Legislative		D 1 1	x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
— X C I									
If yes, list Event # 03192018A Sash Cash Credit/Debit Card	03/:	19/2018	\$100.00		\$100.00				

Page 49 of 101

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Kurt for CT			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Kelley		Kyle			0137				
Residential Street Address	City			State	Zip Code				
31 Birchwood Rd		Seymour		СТ	06483				
Principal Occupation		Name of Employ	er						
Executive Director		,	our Ambulance Association						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?			86 .8						
If yes, list Event # 03192018A No Solution No Solution No No No No No No No No No No No No No	03/	19/2018	\$175.00		\$50.00				
If yes, list Event # 03192018A									
Last Name	First			MI	Contribution ID #				
Papcin		David Sr.		Α	0138				
Residential Street Address	City			State	Zip Code				
16 Chester St	L	Ansonia		СТ	06401				
Principal Occupation		Name of Employ							
Engineer — — — —		Sikors		A	int of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?			86 .8						
No Cash Personal Check	03/	19/2018	\$10.00		\$10.00				
If yes, list Event # 03192018A									
Last Name	First			MI	Contribution ID #				
Papcin		David Jr.		Α	0139				
Residential Street Address	City			State	Zip Code				
16 Chester St		Ansonia		СТ	06401				
Principal Occupation		Name of Employ							
Student		Stude							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions	ł					
an event reported in Section J1?			86 .8						
No No Personal Check	03/	19/2018	\$65.00		\$20.00				
If yes, list Event # 03192018A									
Last Name	First			MI	Contribution ID #				
Simonetti		Anthony			0140				
Residential Street Address	City			State	Zip Code				
6 Hayfield Dr		Shelton		СТ	06484				
Principal Occupation		Name of Employ							
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	obbyict chause or	A	ınt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	Vac	Amou	ин от Сопитониоп				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes, list Event # 03192018A No Cash Personal Check Money Order Credit/Debit Card	03/	19/2018	\$100.00		\$100.00				

Page 50 of 101

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT								
Kurt for CT			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name Solli	First	Kevin		MI	Contribution ID # 0141				
Residential Street Address	City			State	Zip Code				
16 Crown View Dr		Monroe		СТ	06468				
Principal Occupation		Name of Employ							
Civil Engineer			Engineering						
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? No	03/	19/2018	\$50.00		\$50.00				
in yes, list event # US192016A									
Last Name	First			MI	Contribution ID #				
Voroschak		Sharon		L	0142				
Residential Street Address 16 Chester St	City	Angonia		State	Zip Code				
Principal Occupation	<u> </u>	Ansonia Name of Employ	er	СТ	06401				
Sales			rol Corporation						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist? Yes X No						
government the contract is with:	Date	Received	Aggregate Contributions						
Is this contribution associated with an event reported in Section J1? X Yes	03/	19/2018	\$25.00		\$10.00				
If yes, list Event # 03192018A	03/	13/2010	\$23.00						
Last Name	First			MI	Contribution ID #				
Voroschak		Charles			0143				
Residential Street Address	City			State	Zip Code				
5 Sobin Dr	<u> </u>	Ansonia		СТ	06501				
Principal Occupation Retired		Name of Employ Retire							
			obbyist, spouse, or	Amor	ant of Contribution				
Yes A No	0	dependent child of							
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in section 31?									
If yes, list Event # 03192018A No Scash Personal Check Money Order Credit/Debit Card	03/	19/2018	\$25.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Voroschak		Mildred			0144				
Residential Street Address	City			State	Zip Code				
5 Sobin Dr		Ansonia		СТ	06401				
Principal Occupation		Name of Employ							
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	-11	Amor	unt of Contribution				
Yes X No	0	dependent child of	of a lobbyist?	Allot	int of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions	1					
all event reported in Section 31?									
If yes, list Event # 03192018A No San Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Service Cash Servic	03/	19/2018	\$25.00		\$10.00				

Page 51 of 101

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	, ()	ation /t-i)	TYPE OF REPORT					
Kurt for CT April 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Anglace		John Jr.		F	0145			
Residential Street Address	City			State	Zip Code			
646 Long Hill Ave		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er	-	•			
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Bute	received	riggregate contributions					
No Cash X Personal Check	03/	19/2018	\$100.00		\$100.00			
If yes, list Event # 03192018A	,							
Last Name	First			MI	Contribution ID #			
Belden		John Jr.		Α	0146			
Residential Street Address	City			State	Zip Code			
25 Birch St		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er	•				
Technician		Fronti	er Communication					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	of a foodysst?					
government the contract is with:			x No					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cosh X Parsonal Check								
If yes, list Event # 03192018A	03/	19/2018	\$50.00		\$50.00			
LadNama	First			MI	Contribution ID #			
Last Name Belden	FIISt	Richard		A	0147			
Residential Street Address	City	Richard		State	Zip Code			
39 Perch Rd	City	Shelton		CT	06484			
Principal Occupation		Name of Employ	er		1			
Education Administration		Seym	our Board of Education					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution			
)	dependent child of	*					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in section 31?								
If yes, list Event # 03192018A Cash Personal Check No	03/	19/2018	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Capra	11130	James		M	0148			
Residential Street Address	City	James		State	Zip Code			
11 Elizabeth St		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er		!			
Property Manager			n Bay Communities, Inc.					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a fobbyist?					
government the contract is with:	_		x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
No Cash X Personal Check	02.5	10/2010	#E0.00		¢E0.00			
If yes, list Event # 03192018A No Money Order Credit/Debit Card	03/	19/2018	\$50.00		\$50.00			

Page 52 of 101

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	 	ation /t-i)	TYPE OF REPORT					
Kurt for CT April 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Debicella		Dan			0149			
Residential Street Address	City			State	Zip Code			
1 Lazybrook Rd		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er	•	•			
Executive		Young	s's Market Co.					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodylst?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	02/	40/2040	+400.00		+100.00			
If yes, list Event # 03192018A No Money Order Credit/Debit Card	03/	19/2018	\$100.00		\$100.00			
LadVana	First			MI	Contribution ID #			
Last Name	FIISt	Cany		IVII	0150			
DeFilippo Residential Street Address	City	Gary		State	Zip Code			
43 Perch Rd	City	Shelton		CT	06484			
Principal Occupation		Name of Employ	er	CI	00404			
Real Estate			nit Ridge Development, LLC					
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
U No E	03/	19/2018	\$100.00		\$100.00			
If yes, list Event # 03192018A								
Last Name	First			MI	Contribution ID #			
Dunne		Richard		Т	0151			
Residential Street Address	City			State	Zip Code			
241 Silver Hill Rd		Derby		СТ	06418			
Principal Occupation		Name of Employ	er					
Executive Director		Nauga	atuck Valley Council of Gover	nments				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna e	x No					
government the contract is with: Executive Legislative								
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check	02/	10/2010	¢100.00		¢100.00			
If yes, list Event # 03192018A Money Order Credit/Debit Card	03/	19/2018	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Kawalautzki	1 1100	Michelle		C	0152			
Residential Street Address	City			State	Zip Code			
36 Roaring Brook Ln		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Retired		Retire	d					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with An event reported in Section 112 Yes Wethod of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 03192018A Cash Credit/Debit Card	03/	19/2018	\$100.00		\$100.00			

Page 53 of 101

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	 	ation /t-i)	TYPE OF REPORT					
Kurt for CT April 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
McGorty		Noreen			0153			
Residential Street Address	City			State	Zip Code			
30 Wigwam Dr		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er	-	•			
Finance		Spruc	e Investment Advisors	_				
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No					
government the conduct is with.	Data	Received	Aggregate Contributions					
an event reported in Section J1? Method of contribution: Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	03/	19/2018	\$50.00		\$50.00			
If yes, list Event # 03192018A	03/	15/2010	Ψ30.00					
Last Name	First			MI	Contribution ID #			
Nappi		Kenneth		F	0154			
Residential Street Address	City			State	Zip Code			
498 Elk Run		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er	•				
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with A yes We Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 03192018A No Money Order Credit/Debit Card	03/	19/2018	\$100.00		\$100.00			
				! T				
Last Name	First			MI	Contribution ID #			
Pagliaro	O.	Joseph		A	0155			
Residential Street Address 390 River Rd	City	Chaltan		State CT	Zip Code 06484			
Principal Occupation		Shelton Name of Employ	or	Сі	00464			
Funeral Director			view Funeral Home					
			obbyist, spouse, or	Amou	ınt of Contribution			
Yes A No)	dependent child of						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 03192018A	03/	19/2018	\$100.00		\$100.00			
				l				
Last Name	First			MI	Contribution ID #			
Pavone	G:	Carol		G	0156			
Residential Street Address	City	Chaltan		State CT	Zip Code			
18 Coachmans Ln Principal Occupation		Shelton Name of Employ	or	CI	06484			
Assistant Teacher		TEAM						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a foodyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions]				
an event reported in Section 31:								
If yes, list Event # 03192018A Cash Credit/Debit Card	03/	19/2018	\$50.00		\$50.00			

Page 54 of 101

I. MONETARY RECEIPTS (Section A-I)								
	5 (50	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Kurt for CT April 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Pavone		Peter		R	0157			
Residential Street Address	City			State	Zip Code			
18 Coachmans Ln		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Assistant to WPCA		City o	f Shelton					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with	Date	Received	Aggregate Contributions					
an event reported in Section 11?								
□ No □ □ □ □	03/	19/2018	\$50.00		\$50.00			
If yes, list Event # 03192018A								
Last Name	First			MI	Contribution ID #			
Sous		Ramon		S	0158			
Residential Street Address	City			State	Zip Code			
10 Quail Ct		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Attorney			n S. Sous Law Offices					
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc	711104	in or commonion			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with.	Doto	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
Cash X Personal Check	02/	10/2010	+400.00		+100.00			
If yes, list Event # 03192018A	03/	19/2018	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Koslowsky		Robert		М	0064			
Residential Street Address	City			State	Zip Code			
5 Old Dairy Ln		Shelton		СТ	06484			
Principal Occupation		Name of Employ						
Police Officer			f Shelton					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (of a foodylst:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Nethod of contribution: Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # Cash Credit/Debit Card	03/	19/2018	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Rivera		Alfredo Jr.		E	0065			
Residential Street Address	City			State	Zip Code			
342 Main St Apt 4R		Bridgeport		CT	06604			
Principal Occupation		Name of Employ	er					
Merchandising		Home	e Depot					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with: Executive Legislative			x No					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes list Event # Cash Personal Check No Cash Personal Check	03/	19/2018	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card	ı			l				

Page 55 of 101

I. MONETARY RECEIPTS (Section A-I)								
	5 (56	ection A-I)	TYPE OF PEROPE					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Kurt for CT	April 10 Filing - Original							
B. Itemized Contributions from	n Ind	ividuals						
Last Name	First			MI	Contribution ID #			
Oles		Tim			0066			
Residential Street Address	City			State	Zip Code			
423 Liberty Hwy		Putnam		СТ	06260			
Principal Occupation		Name of Employ	er					
 Retired		Retire						
			obbyict chause or	Amou	ınt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child o	Voc	711100	ant of continuation			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	03/	19/2018	\$25.00		\$25.00			
If yes, list Event # Money Order X Credit/Debit Card	00,	23, 2010	425.00		420.00			
Last Name	First			MI	Contribution ID #			
Danka	1 1130	Alexander III	,	.,,,	0067			
Residential Street Address	City	Alexander III		State				
	City	6			Zip Code			
203 Pearl St		Seymour		СТ	06483			
Principal Occupation		Name of Employ						
Custodian			of Seymour					
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent child c	_					
government the contract is with:			x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event #	03/	19/2018	\$50.00		\$50.00			
Noney order								
Last Name	First			MI	Contribution ID #			
Sredzinski		JP			0068			
Residential Street Address	City			State	Zip Code			
280 Shelton Rd		Monroe		СТ	06468			
Principal Occupation		Name of Employ	er	•	•			
Dispatch Supervisor		Town	of Stratford					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	03/:	19/2018	\$25.00		\$25.00			
If yes, list Event # Money Order X Credit/Debit Card	,							
Last Name	First			MI	Contribution ID #			
Mikula	1 1150	Nicole		В	0069			
Residential Street Address	City	Micole		State	Zip Code			
	City	Covmour			1			
58 West St		Seymour Name of Employ	or .	СТ	06483			
Principal Occupation								
Event Manager			the Hoopla					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		sima c	x No					
government the contract is with: Executive Legislative	لــا							
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event #	03/	19/2018	\$50.00		\$50.00			

Page 56 of 101

I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original		
Kurt for CT			April 10 Tilling - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Hajducky		Daniel		J	0243
Residential Street Address	City			State	Zip Code
224 Beardsley Rd	<u> </u>	Shelton		СТ	06484
Principal Occupation Reporter/Researcher		Name of Employ ESPN	er the Magazine		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
If yes, indicate which branch or branches of	J	dependent child of	f a lobbyist?		
government the contract is with: Executive Legislative	Б.	D : 1		4	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
x No Zash Personal Check	03/	19/2018	\$10.00		\$10.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Lasala		Johanna			0244
Residential Street Address	City			State	Zip Code
11 Ledge Rd Principal Occupation	<u> </u>	Woodbridge Name of Employ	or.	СТ	06525
Physician		1 ,	Iniversity		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution
- -	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions]	
an event reported in Section 31?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	19/2018	\$20.00		\$20.00
Last Name	First			MI	Contribution ID #
Mirsky		Theresa		Α	0245
Residential Street Address	City			State	Zip Code
40 Smith Ave		Niantic		СТ	06357
Principal Occupation		Name of Employ	er		
Retired		Retire		,	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with:		1	x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 31?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	20/2018	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Sherrick		Edward			0246
Residential Street Address	City			State	Zip Code
7 Kimberly Dr		Redding		СТ	06896
Principal Occupation		Name of Employ	er		
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?			55 6		
If yes list Event # Cash X Personal Check Cash X Personal Check Money Order Credit/Debit Card	03/	20/2018	\$25.00		\$25.00

Page 57 of 101

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Kurt for CT			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Wilcox		Jessica			0056			
Residential Street Address	City			State	Zip Code			
88 S Main St		Ansonia		СТ	06401			
Principal Occupation		Name of Employe	er ern CT Health Network					
WCMG Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?	o	dependent child o	Voc	Aillou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	20/2018	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Rebolledo	11130	Matthew		IVII	0057			
Residential Street Address	City	· idea.ioii		State	Zip Code			
232 New Haven Ave		Derby		СТ	06418			
Principal Occupation	•	Name of Employ	er					
Grocer		ShopF	Rite					
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or General Physics 2	Amou	nt of Contribution			
If yes, indicate which branch or branches of	5	dependent child o	f a lobbyist?					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?	Dute	10001100	riggiogate contributions					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	20/2018	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Verardo	11130	Lindsay		В	0058			
Residential Street Address	City	,		State	Zip Code			
32 Hazel St		Watertown		СТ	06779			
Principal Occupation	•	Name of Employe	er	•	-			
Visiting Nurse		VNA H	lealth at Home					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If was indicate which branch or branches of		dependent child of	Ta lobbyist:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	20/2018	\$100.00		\$100.00			
1	L							
Last Name	First			MI	Contribution ID #			
Valencia Residential Street Address	City	John		State	0059 Zip Code			
175 Grand St	City	Seymour		CT	06483			
Principal Occupation		Name of Employe	er	<u> </u>	00403			
Tattoo Artist			cale Tattoo					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of		acpendent child (x No					
government the contract is with:	Б.	D						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
x No Cash Personal Check	03/	20/2018	\$25.00		\$25.00			
If yes, list Event # Money Order X Credit/Debit Card	I 33/	-0,2010	Ψ23.00	I	4-3.00			

Page 58 of 101

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original					
Kurt for CT			April 10 Tilling - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Danka		Stephanie		L	0060			
Residential Street Address	City			State	Zip Code			
175 Grand St	<u> </u>	Seymour		СТ	06483			
Principal Occupation Representative		Name of Employ People	^{er} e's United Bank					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1? X No								
If yes, list Event # Money Order X Credit/Debit Card	03/2	20/2018	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
Danka		Melanie		E	0061			
Residential Street Address	City			State	Zip Code			
203 Pearl St		Seymour		СТ	06483			
Principal Occupation		Name of Employ	er	-	•			
Teammate		Marke	et 32					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?			88 18					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/2	20/2018	\$5.00		\$5.00			
If you, his Event in								
Last Name	First			MI	Contribution ID #			
Heon		Jared		P	0062			
Residential Street Address	City	Angenia		State	Zip Code			
10 Kiely Ln Principal Occupation		Ansonia Name of Employ	or	СТ	06401			
Department Head			f Ansonia					
·				Amou	nt of Contribution			
Yes A No	0	dependent child of	obbyist, spouse, or of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions	1				
an event reported in section 31?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/2	20/2018	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Richardson		Laurie			0063			
Residential Street Address	City			State	Zip Code			
23 Giles Hill Rd		Redding		СТ	06896			
Principal Occupation		Name of Employ	er	-	•			
Adjunct Professor of Finance		Fairfie	eld University					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: In this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?		,	300 John John John					
If yes list Event # Cash Personal Check No	03/2	20/2018	\$20.00		\$20.00			

Page 59 of 101

I. MONETARY RECEIPTS (Section A-I)								
	5 (50	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Kurt for CT	April 10 Filing - Original							
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Signoriello		John			0053			
Residential Street Address	City			State	Zip Code			
43 Lady Slipper Dr		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Chiropractor		Dr. Jo	ohn Signoriello, DC					
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	03/	21/2018	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card		-						
Last Name	First			MI	Contribution ID #			
Doherty-Bradshaw		Lisa			0054			
Residential Street Address	City			State	Zip Code			
23 Swan Ave		Seymour		СТ	06483			
Principal Occupation		Name of Employ	or	<u> </u>	00403			
Legal Administrator		1 7	an, Duffy & Segaloff, P.C.					
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc	Alliou	iit of Collification			
If yes, indicate which branch or branches of			x _{No}					
government the contract is with: Executive Legislative	-							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Credit/Debit Card	03/	21/2018	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Iacomacci		Carl		Α	0055			
Residential Street Address	City			State	Zip Code			
27 Shari Dr		Seymour		CT	06483			
Principal Occupation		Name of Employ	er					
Electrical Tech		Sikors	sky Aircraft					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
	,	dependent child of	n a lobbyist:					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	21/2018	\$50.00		\$50.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Marrella		Amey		w	0247			
Residential Street Address	City	•		State	Zip Code			
184 Rimmon Rd		Woodbridge		СТ	06525			
Principal Occupation		Name of Employ	er	<u>.</u>	00020			
Retired		Retire						
			abbyigt groups or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	o. controution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Dot-	Pagaiyad						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check		21/2010	+50.00		* F0.00			
If yes, list Event # Money Order Credit/Debit Card	03/	21/2018	\$50.00		\$50.00			

Page 60 of 101

I. MONETARY RECEIPTS (Section A-I)								
	5 (5 (ection A-I)	TWDE OF DEDORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Kurt for CT April 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Sassi		Michael			0248			
Residential Street Address	City			State	Zip Code			
6 Thistle Down		Cromwell		СТ	06416			
Principal Occupation		Name of Employ	er					
Energy Consultant		Bridge	e Energy Services, LLC					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
X No Cash X Personal Check	03/	21/2018	\$50.00		\$50.00			
If yes, list Event #		,						
Last Name	First			MI	Contribution ID #			
Smith		Donald Jr.		l _w	0249			
Residential Street Address	City	Donald 31.		State	Zip Code			
56 Greenwood Cir	City	Soymour		CT	06483			
Principal Occupation		Seymour Name of Employ	or .	Ci	00483			
Engineer			d W. Smith Jr. P.E.					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution			
If yes, indicate which branch or branches of								
government the contract is with:								
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # Cash Credit/Debit Card	03/	21/2018	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Smith		Lisa		Α	0250			
Residential Street Address	City			State	Zip Code			
56 Greenwood Cir		Seymour		СТ	06483			
Principal Occupation		Name of Employ	er					
Bookkeeper		Boys	& Girls Club of the Lower Na	guatuck Va	lley			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
	,	dependent child of	•					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
× No	03/	21/2018	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Birdsell		Walter		E	0251			
Residential Street Address	City			State	Zip Code			
42 Jupiter Dr		Seymour		СТ	06483			
Principal Occupation		Name of Employ	er		· · · · · ·			
Retired		Retire						
			abbyist spaysa or	Amou	unt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Voc	7 111100				
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Dota	Received	Aggregate Contributions	ŀ				
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Personal Check	03.	22/2010	#10.00		¢10.00			
If yes, list Event # Money Order Credit/Debit Card	03/	22/2018	\$10.00		\$10.00			

Page 61 of 101

I. MONETARY RECEIPTS (Section A-I)									
	5 (56	ection A-1)	TWDE OF DEDORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Kurt for CT			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Chapla		Paula		F	0252				
Residential Street Address	City			State	Zip Code				
57 Knorr Ave		Seymour		СТ	06483				
Principal Occupation		Name of Employ	er						
Instructor		State	of CT - Housatonic Commun	ity College					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or		nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Zash Personal Check	03/2	22/2018	\$10.00		\$10.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Cretella		James		G	0253				
Residential Street Address	City	- Janco		State	Zip Code				
10 Peach Dr		Seymour		СТ	06483				
Principal Occupation	<u> </u>	Name of Employ	or	<u> </u>	00403				
Mechanic		1 7	rion Water Company						
			obbyist, spouse, or	A.m.o.v	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc	Alliou	iit of Collification				
If yes, indicate which branch or branches of			·						
government the contract is with:									
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/2	22/2018	\$5.00		\$5.00				
				l					
Last Name	First			MI	Contribution ID #				
Lane		Edward			0254				
Residential Street Address	City			State	Zip Code				
117 Westfield Ave		Ansonia		CT	06401				
Principal Occupation		Name of Employ	er	-					
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
X No Cash X Personal Check	03/2	22/2018	\$50.00		\$50.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Piascyk		Lynn		А	0255				
Residential Street Address	City			State	Zip Code				
80 Woodfield Rd	City	Woodbridge		CT	06525				
Principal Occupation		Name of Employ	ar .		00323				
Retired		Retire							
			abbrief analysis of	A	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	in or Contribution				
If yes, indicate which branch or branches of			x _{No}						
government the contract is with: Executive Legislative		n · ·							
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
	l .								
If yes, list Event # Cash Credit/Debit Card	03/2	22/2018	\$25.00		\$25.00				

Page 62 of 101

I. MONETARY RECEIPT	S (Se	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original						
Kurt for CT April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Boanno		John			0045				
Residential Street Address	City			State	Zip Code				
21 10th St	<u> </u>	Derby		СТ	06418				
Principal Occupation Human Resources		Name of Employ EDR	er						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	if a lobbyist?						
government the contract is with: Executive Legislative		D : 1		4					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	03/	22/2018	\$25.00		\$25.00				
If yes, list Event # Money Order X Credit/Debit Card	00,		423.00						
Last Name	First			MI	Contribution ID #				
Stewart		Timothy		Т	0046				
Residential Street Address	City			State	Zip Code				
60 Wightman Rd		New Britain		СТ	06052				
Principal Occupation		Name of Employ							
President			er New Britain Chamber of C						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	22/2018	\$50.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Cockayne		Ken		В	0047				
Residential Street Address	City			State	Zip Code				
36 Allen St	<u> </u>	Bristol		СТ	06010				
Principal Occupation		Name of Employ							
President			rs Advanced Concepts Agend		nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbyist, spouse, or f a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	22/2018	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
D'Alexander		Taylor		J	0048				
Residential Street Address	City	·		State	Zip Code				
115 Westside Rd		Woodbury		СТ	06798				
Principal Occupation		Name of Employ	er	-	•				
Sales		Lilly U	ISA						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions	†					
an event reported in Section J1?			•						
If yes list Event # Cash Personal Check No	03/	22/2018	\$100.00		\$100.00				

Page 63 of 101

I, MONETARY RECEIPT	rs (se	ection A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Kurt for CT			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Jarvis		Christine		М	0049				
Residential Street Address	City			State	Zip Code				
14 Mario Dr	ļ.,	Seymour		СТ	06483				
Principal Occupation		Name of Employ	^{er} It Hair Salon						
Hairstylist Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?	lo	dependent child of	Vac	7 tinou	ant of Controllion				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	22/2018	\$25.00		\$25.00				
LadNers	Fine				Contribution ID #				
Last Name Christensen	First	John		MI N	Contribution ID # 0050				
Residential Street Address	City	JOIIII		State	Zip Code				
151 Crestwood Rd		Bethany		CT	06524				
Principal Occupation		Name of Employ	er						
VP/Owner		Perrig	jo Inc.						
Is contributor a principal of a state contractor or prospective state contractor?	Io.		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?		10001100	riggregate contributions						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	22/2018	\$100.00		\$100.00				
T. AV	F: /			\ <i>a</i>	0 17 1 B				
Last Name Behrle	First	Marybeth		MI C	Contribution ID # 0051				
Residential Street Address	City	,		State	Zip Code				
49 Terese Rd		Beacon Falls		СТ	06403				
Principal Occupation	•	Name of Employ	er	•					
Configuration Architect		UHC							
Is contributor a principal of a state contractor or prospective state contractor?	lo	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent china (x No						
Is this contribution associated with Mathed of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?) Buile	10001100	riggregate controlations						
If yes, list Event # Cash Personal Check Cash Personal Check Money Order X Credit/Debit Card	03/	22/2018	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Iacomacci	That	Andrea		IVII	0052				
Residential Street Address	City			State	Zip Code				
27 Shari Dr		Seymour		СТ	06483				
Principal Occupation	•	Name of Employ	er						
Nurse Manager		Yale N	New Haven Health						
Is contributor a principal of a state contractor or prospective state contractor?	lo	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	22/2018	\$25.00		\$25.00				

Page 64 of 101

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original						
Kurt for CT April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Coakley		Judith			0044				
Residential Street Address	City			State	Zip Code				
11102 Campazzo Dr		Venice		FL	34292				
Principal Occupation		Name of Employ							
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		•	x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Cash Personal Check Money Order X Credit/Debit Card	03/	23/2018	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Horelick	FIISt	Susan		M M	0256				
Residential Street Address	City	Jusan		State	Zip Code				
31 Rimmon St	,	Seymour		CT	06483				
Principal Occupation		Name of Employ	er	1					
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	02/	22/2010	¢E0.00		¢E0.00				
If yes, list Event #	03/.	23/2018	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Cochran		Marion		С	0042				
Residential Street Address	City			State	Zip Code				
11 Locust St		Naugatuck		СТ	06770				
Principal Occupation		Name of Employ	er						
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x No						
Is this contribution associated with Mathed of contribution.	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	24/2018	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Queen	11130	James		IVII	0043				
Residential Street Address	City	34.1105		State	Zip Code				
18 Wycliffe Ter		Seymour		СТ	06483				
Principal Occupation		Name of Employ	er						
Director of Operations		Boys	& Girls Club of the Lower Na	ugatuck Va	lley				
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		acpendent child (x No						
government the contract is with:	Dete	Received	Aggregate Contributions	1					
an event reported in Section J1?	Date	received	regregate Contributions						
X No Cash Personal Check	03/	24/2018	\$25.00		\$25.00				
If yes_list Event # Money Order X Credit/Debit Card	l í		· ·	1					

Page 65 of 101

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	o (o	cuon A-1)	TYPE OF REPORT					
Kurt for CT			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
	First	ii vidatti 5		MI	Contribution ID #			
Last Name Zak	FIISt	Cindy		MII	0041			
Residential Street Address	City			State	Zip Code			
7 Crystal Ter		Woodbridge		СТ	06525			
Principal Occupation		Name of Employ	er					
Management		Yale N	lew Haven Hospital					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Credit/Debit Card	03/	25/2018	\$10.00		\$10.00			
-				l				
Last Name	First			MI	Contribution ID #			
Listorti		Michelle		J	0257			
Residential Street Address	City			State	Zip Code			
19 Lakeview Ave		Seymour		СТ	06483			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No					
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received						
an event reported in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	03/	25/2018	\$5.00		\$5.00			
	-	-			G . 7			
Last Name Spaulding	First	Oran Jr.		MI J	Contribution ID # 0258			
Residential Street Address	City			State	Zip Code			
19 Lakeview Ave		Seymour		СТ	06483			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna e	x No					
government the contract is with:	_							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Personal Check	03/:	25/2018	\$5.00		\$5.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Burland		Patrick			0259			
Residential Street Address	City			State	Zip Code			
77 Ledge Rd		Woodbridge		СТ	06525			
Principal Occupation		Name of Employ						
Student Is contributor a principal of a state contractor or prospective state contractor?		Stude Is contributor a l	abbriet anauga ar	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes No	0	dependent child o	of a lobbyist?	111134				
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event #	03/	26/2018	\$50.00		\$50.00			

Page 66 of 101

I, MONETARY RECEIPT	S (Se	ection A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Kurt for CT			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Uhelsky		David			0037				
Residential Street Address	City			State	Zip Code				
304 E South St Unit 2024	L.,	Orlando		FL	32801				
Principal Occupation Admissions Penrosentative		Name of Employ	^{er} ail University						
Admissions Representative Is contributor a principal of a state contractor or prospective state contractor?				Amor	unt of Contribution				
Yes X No	0	dependent child of	Voc						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/2	27/2018	\$25.00		\$25.00				
	I			I					
Last Name	First	Name		MI	Contribution ID #				
Valentine Residential Street Address	City	Nancy		State	0038 Zip Code				
18 Farrel Dr	City	Ansonia		CT	06401				
Principal Occupation	_	Name of Employ	er		00.01				
Registrar of Voters		City o	f Ansonia						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	02.0	27/2010	+50.00		+50.00				
If yes, list Event # Money Order X Credit/Debit Card	03/.	27/2018	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Bogen		Arthur		н	0039				
Residential Street Address	City			State	Zip Code				
41 Eagle Ridge Rd		Essex		СТ	06426				
Principal Occupation		Name of Employ	er						
Environmental Strategist			atuck Valley Council of Gover						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			1.00.10.10.10.10.10.10.10.10.10.10.10.10						
X No	03/2	27/2018	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Haynes		Patrick			0040				
Residential Street Address	City			State	Zip Code				
75 Lexington Way N	<u> </u>	Milford		СТ	06461				
Principal Occupation Management		Name of Employ	^{er} es Group						
			abbreigt anguag or	Amor	unt of Contribution				
Yes X No	0	dependent child of	Vac	1					
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1? Yes Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/2	27/2018	\$100.00		\$100.00				

Page 67 of 101

I. MONETARY RECEIPT	S (Se	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT April 10 Filing - Original									
Kurt for CT			7 prii 10 r iiiig Original						
B. Itemized Contributions from Individuals									
Last Name	First				MI	Contribution ID #			
Smith		Robert			W	0159			
Residential Street Address	City				State	Zip Code			
79 Bioski Rd	<u> </u>	Middlebury			СТ	06762			
Principal Occupation Attorney		Name of Employe	t W. Smith Law Office						
			obbyist, spouse, or		Amou	nt of Contribution			
Yes X No	0	dependent child of		Yes					
If yes, indicate which branch or branches of government the contract is with:			х	No					
Is this contribution associated with	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # 03272018A No Money Order Credit/Debit Card	03/2	27/2018	\$150.00			\$50.00			
Last Name	First				MI	Contribution ID #			
Chapman	1 1150	Susan			1411	0160			
Residential Street Address	City				State	Zip Code			
6 Old Bridge Rd W		New Fairfield			СТ	06812			
Principal Occupation	•	Name of Employ	er						
Homemaker		Home	maker						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child o	r a lobbyist?						
government the contract is with: Executive Legislative	Dete	D d		No					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	03/	27/2018	\$100.00			\$100.00			
If yes, list Event # 03272018A	03/	27/2010	ψ100.00			φ100.00			
Last Name	First				MI	Contribution ID #			
King		Ryan			М	0161			
Residential Street Address	City				State	Zip Code			
111 Strathmore Rd	<u> </u>	Middlebury			СТ	06162			
Principal Occupation		Name of Employ							
Homemaker			ployed						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or f a lobbyist?	Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x	No					
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1? X Yes Method of contribution: X Cash Personal Check									
If yes, list Event # 03272018A No S Cash Personal Check No Money Order Credit/Debit Card	03/2	27/2018	\$50.00			\$50.00			
	L .								
Last Name	First	Donald			MI	Contribution ID #			
Palmer Residential Street Address	City	Donald			State	O029 Zip Code			
97 Overlook Dr	City	Manchester			CT	06042			
Principal Occupation		Name of Employ	er	!					
Engineer		United	d Technologies Corporati	ion					
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or	Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	i a lobbyist?	No					
government the contract is with:	D. r	Danaires 4		No					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	03/	28/2018	\$20.00			\$20.00			
If yes list Event # Money Order X Credit/Debit Card	Ι		7	- 1		•			

Page 68 of 101

I. MONETARY RECEIPT	S (Se	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Kurt for CT			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Pinter		Laszlo		L	0030				
Residential Street Address	City			State	Zip Code				
40 Hut Hill Rd		Bridgewater		СТ	06752				
Principal Occupation		Name of Employe							
Attorney Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	Danbury	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes)	dependent child of	Voc	Amou	iit of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/2	28/2018	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Harla	Thist	Greg			0031				
Residential Street Address	City			State	Zip Code				
2 Anchorage Dr		Milford		СТ	06460				
Principal Occupation		Name of Employe	r						
Partner		Bagela	a USA						
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a lo	Voc	Amou	nt of Contribution				
If yes, indicate which branch or branches of X Executive Legislative		dependent child of	r a lobbyist?						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	03/2	28/2018	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	,								
Last Name	First			MI	Contribution ID #				
Klarides-Ditria		Cade		S	0032				
Residential Street Address	City			State	Zip Code				
23 Osprey Dr		Seymour		СТ	06483				
Principal Occupation		Name of Employe	r						
Student		Stude							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a lo dependent child of	37	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1?			1-00-10-11						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/2	28/2018	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Klarides		Peter			0033				
Residential Street Address	City			State	Zip Code				
22 Canfield Rd		Seymour		СТ	06483				
Principal Occupation		Name of Employe	r						
Retired		Retire	d						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a lo dependent child of	Voc	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes list Event # Cash	03/2	28/2018	\$50.00		\$50.00				

Page 69 of 101

NAME OF COMMITTEE (Provide Complete Shame are Rejusted with Commission Far 10 Firing Organic Street Far 10 Firing Orga	I MONETADY DECEIDTS (Section A. I)									
Number Section Secti		5 (5 6	ection A-1)	TWDE OF DEDORT						
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Residential State Audition 272 Cardieled Rd	B. Itemized Contributions from Individuals									
Price Corporation Contribution	Last Name	First			MI	Contribution ID #				
22 Canfield Rd	Klarides		Theodora			0034				
Name of Employer Retrieval	Residential Street Address	City			State	Zip Code				
Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security	22 Canfield Rd		Seymour		СТ	06483				
Securithetian a principal of a state centractor of prospective state centractors	Principal Occupation		Name of Employ	er						
Type, inclinate which hemselve and comment in control into associated with a commentation associated with an event are results. Security	Retired		Retire	ed						
Executive Legislative Legislative Legislative Legislative Legislative Legislative Legislative Legislative Date Received Aggregate Cantributions Store	Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
Executive in Exposure in Expos	Yes X No)	dependent child of	of a lobbyist?						
Date Received Received September	Evecutive Legislative			x _{No}						
Bryen, last Ivent # Solono	Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
Last Name Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest Address Residential Storest	an event reported in Section J1?									
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Reductinal Street Address Anne Ave City	Last Name	First			MI	Contribution ID #				
Reduction Annowa	Koslowski		Joyce		М	0035				
Name of Employer Retired Return	Residential Street Address	City	-		State	Zip Code				
Name of Employer Retired Return	3 Anne Ave		Sevmour		СТ	06483				
Retired Retired Retired Retired Retired Retired Recombination or prospective state contractor?			1	er	<u> </u>					
Executive										
Yes Legislative Legislat				abbyist spanse or	Amou	nt of Contribution				
Secretary the contract is with: It shis contribution associated with an event reported in Section 11? If yes, list Event #	Yes X No)		37	111104	nt of continuation				
It is contribution associated with an event reported in Section 31? Last Name Davis Residential Street Address Consultant If yes, list Event # Last Name Davis Residential Street Address Consultant Soonerment the contract is with: Soonerment the contract or prospective state contractor? If yes, list Event # Last Name Eighnnie Residential Street Address Consultant Last Name Consultant Last Name Eighnnie Residential Street Address Consultant Last Name Consultant Last Name Eighnnie Residential Street Address Custodian First First Aggregate Contributions Anount Contribution ID # Contribution ID # Contribution ID # Contribution ID # Contribution ID # Contribution ID # Contribution ID # Contribution ID # Contribution ID # Contribution ID # Contribution ID # Contribution ID # Contribution ID # Contribution ID # Contribution ID # Contribution ID # Contribution ID # Contribution ID # Aggregate Contributions Aggr	Evanutiva Lagislativa			X No.						
an event reported in Section J1? If yes, list Event #	government the contract is with:	Doto	Dagaiyad							
Last Name Davis Residential Street Address If yes, indicate which branch or branches of soverment the contract is with: Last Name Eighmie Last Name Cash Money Order Residential Street Address Lagislative Logislative Lo	Vac	Date	Received	Aggregate Contributions						
Last Name Davis Residential Street Address 131 Cleveland St Principal Occupation Consultant Scontributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Last Name Elighmile Last Name Alighmile Last Na	Cash Personal Check	02/	20/2010	#300.00		±100 00				
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Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davis Davi										
Residential Street Address 131 Cleveland St Principal Occupation Consultant Self Southibutor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state on the contract is with: Legislative Legislative City New Britain Name of Employer Self Self Self Self Self Self Self Sel		First			MI					
Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Em			Daniel							
Principal Occupation Consultant Self 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: Legislative Legislative Date Received Aggregate Contributions Aggregate Contributions Aggregate Contributions Aggregate Contributions First Thomas J O260 Self Aggregate Contributions Mil Contribution ID # O260 Seymour City Seymour Custodian Fincipal Occupation Custodian Fincipal of a state contract or prospective state contractor? Aggregate Contributions Amount of Contribution ID # O260 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00		City				_				
Self Secontributor a principal of a state contractor or prospective state contractor?					СТ	06053				
If yes, indicate which branch or branches of government the contract is with: State Contribution associated with an event reported in Section J1? Yes X No Legislative Legislative X No Seymour Yes X No Yes X				er						
If yes, indicate which branch or branches of government the contract is with: Executive										
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Method of contribution: Cash	Is contributor a principal of a state contractor or prospective state contractor?)			Amou	nt of Contribution				
Security Legislative Legislative Legislative Aggregate Contributions Security Securit	If yes, indicate which branch or branches of		dependent child (n a lobbyist:						
an event reported in Section J1? If yes, list Event # Last Name Eighmie Residential Street Address 50 Laurel Ln Principal Occupation Custodian Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Anount of Contribution: Date Received Aggregate Contributions \$50.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00	government the contract is with:									
Last Name Eighmie First Mil Contribution ID #	Vac	Date	Received	Aggregate Contributions						
If yes, list Event # \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$2	_									
Last Name Eighmie City Seymour Custodian First Thomas City Seymour Custodian Fincipal Occupation Custodian Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? MI Contribution ID # Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # And Contribution ID # A	Ŭ No l□ □	03/	28/2018	\$25.00		\$25.00				
Eighmie Residential Street Address City Seymour CUT 06483 Principal Occupation Custodian Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Method of contribution: Name of Employer Town of Seymour Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Method of contribution: Date Received Aggregate Contributions \$5,00\$										
Residential Street Address 50 Laurel Ln Seymour Custodian City Seymour Name of Employer Town of Seymour Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Method of contribution: Date Received Name of Employer Town of Seymour Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Amount of Contribution Aggregate Contributions \$5,00\$	Last Name	First			MI	Contribution ID #				
Frincipal Occupation Custodian Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Method of contribution: Name of Employer Town of Seymour Town of Seymour Town of Seymour Yes X No Personal Check Date Received Aggregate Contributions Seymour Amount of Contribution X No Seymour Yes X No Personal Check Date Received Aggregate Contributions Seymour Seymour Yes X No No Seymour Yes X No No No No No No No	Eighmie		Thomas		J	0260				
Principal Occupation Custodian Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Name of Employer Town of Seymour Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? Is contributor a lobbyist? Is contributor a lobbyist? Is contributor a lobbyist? Is contribution a lobbyist? Is contribution a lobbyist? In personal Check In p	Residential Street Address	City			State	Zip Code				
Custodian Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Amount of Contribution Legislative Legislative Date Received Aggregate Contributions Aggregate Contributions \$\frac{1}{2}\$\$ Amount of Contribution \frac{1}{2}\$\$ Amount	50 Laurel Ln		Seymour		СТ	06483				
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution a lobbyist, spouse, or dependent child of a lobbyist? Is contribution a lobbyist, spouse, or dependent child of a lobbyist? Is no lis contribution a lobbyist, spouse, or dependent child of a lobbyist? Is no lis contribution a lobbyist, spouse, or dependent child of a lobbyist? Is no lis contribution a lobbyist, spouse, or dependent child of a lobbyist? Is no lis contribution a lobbyist, spouse, or dependent child of a lobbyist? Is no listens a lobbyist, spouse, or dependent child of a lobbyist? Is no listens a lobbyist, spouse, or dependent child of a lobbyist? Is no listens a lobbyist, spouse, or dependent child of a lobbyist? Is no listens a lobbyist, spouse, or dependent child of a lobbyist? Is no listens a lobbyist, spouse, or dependent child of a lobbyist? Is no listens a lobbyist, spouse, or dependent child of a lobbyist? Is no listens a lobbyist, spouse, or dependent child of a lobbyist? Is no listens a lobbyist, spouse, or dependent child of a lobbyist? Is no listens a lobbyist, spouse, or dependent child of a lobbyist? Is no listens a lobbyist, spouse, or dependent child of a lobbyist. Is no listens a lobbyist, spouse, or dependent child of a lobbyist. Is no listens a lobbyist, spouse, or dependent child of a lobbyist. Is no listens a lobbyist, spouse, or dependent child of a lobbyist. Is no listens a lobbyist, spouse, or dependent child of a lobbyist.	Principal Occupation		Name of Employ	er						
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Yes X No	Custodian		Town	of Seymour						
If yes, indicate which branch or branches of government the contract is with: Legislative Legislative Date Received Aggregate Contributions Aggregate Contributions X No Personal Check 03/28/2018 \$35.00 \$5.00	Is contributor a principal of a state contractor or prospective state contractor?)		Vac	Amou	nt of Contribution				
government the contract is with: Is this contribution associated with an event reported in Section J1? No			dependent child of	or a roodyrst?						
an event reported in Section J1? Yes X No Personal Check 03/28/2018 \$35.00 \$5.00	Evacutiva I acidativa			X No						
x No Personal Check 03/28/2018 \$35.00 \$5.00	Van	Date	Received	Aggregate Contributions						
× N ₀	an event reported in Section J1?									
	X No T Cash	03/	28/2018	\$35.00		\$5.00				

Page 70 of 101

I MONETA DV DECEDTO (C L A. D.									
I. MONETARY RECEIPT	5 (56	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Kurt for CT April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Filmer		Caroline		Е	0261				
Residential Street Address	City			State	Zip Code				
322 Stonehouse Rd		Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er						
Environmental Analyst		Facilit	y Support Services Inc.						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Personal Check	03/2	28/2018	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Miller		Andrew			0262				
Residential Street Address	City	7.11.01.011		State	Zip Code				
18 Swan Ave	City	Seymour		CT	06483				
Principal Occupation		Name of Employ	or	Ci	00403				
		1 ,							
Student		Stude			nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of									
government the contract is with:									
Is this contribution associated with Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/2	28/2018	\$20.00		\$20.00				
,									
Last Name	First			MI	Contribution ID #				
Connors		Andrew		J	0263				
Residential Street Address	City			State	Zip Code				
70 N Benham Rd		Seymour		СТ	06483				
Principal Occupation		Name of Employ	er	-	•				
Student		Stude	nt						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash X Personal Check	03/2	29/2018	\$25.00		\$25.00				
If yes, list Event #		•			·				
Last Name	First			MI	Contribution ID #				
Connors		Rosa			0264				
Residential Street Address	City	Rosa		State	Zip Code				
70 N Benham Rd	City	Soymour		CT	06483				
	Ь	Seymour Name of Employ	or	Ci	00703				
Principal Occupation									
Hairdresser			Bella Salon						
Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution									
If yes, indicate which branch or branches of			x No						
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?	1								
If yes, list Event # Cash Credit/Debit Card	03/2	29/2018	\$25.00		\$25.00				

Page 71 of 101

I, MONETARY RECEIPT	S (Se	ection A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Kurt for CT			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Fers		Patricia		J	0265				
Residential Street Address	City			State	Zip Code				
28 W Brookside Ave	<u> </u>	Ansonia		СТ	06401				
Principal Occupation		Name of Employ		0 = :1					
Paralegal			of CT - Department of Childr		nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	lo	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes Cash X Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/2	29/2018	\$50.00		\$50.00				
	I								
Last Name	First	1-1		MI	Contribution ID #				
Dantona Residential Street Address	City	John		State	0023 Zip Code				
271 Sunwood Dr	City	Shelton		CT	06484				
Principal Occupation	_	Name of Employ	er	Ci	00404				
Commnder			our Police Department						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
	lo	dependent child of	·						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/2	29/2018	\$150.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Todice	1 1130	Lori		A	0024				
Residential Street Address	City			State	Zip Code				
28 Evening Star Dr		Seymour		СТ	06483				
Principal Occupation		Name of Employ	er	-					
Office Manager/RDH		Dr. St	tephen Palluotto MD						
Is contributor a principal of a state contractor or prospective state contractor?	lo	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent cinia (x No						
government the contract is with: Is this contribution associated with Method of contribution:	Dete	D							
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	03/2	29/2018	\$20.00		\$20.00				
If yes, list Event # Money Order X Credit/Debit Card		,							
Last Name	First			MI	Contribution ID #				
Yustin		Jeremy		J	0025				
Residential Street Address	City			State	Zip Code				
165 Pearl St	L.,	Seymour		СТ	06483				
Principal Occupation Custodian		Name of Employ	^{er} our Board of Education						
			obbyist, spouse, or	Amou	nt of Contribution				
Yes X	lo	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/2	29/2018	\$25.00		\$25.00				

Page 72 of 101

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Kurt for CT April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Carney		Devin		R	0026				
Residential Street Address	City			State	Zip Code				
99 Grassy Hill Rd		Old Lyme		СТ	06371				
Principal Occupation		Name of Employ	er						
Legislator		State	of CT						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	29/2018	\$25.00		\$25.00				
Lav	г) d	G (3 (B)				
Last Name	First	A:		MI	Contribution ID #				
Vrlik Residential Street Address	City	Aidan		State	0027 Zip Code				
10 Bryan Cir	City	Seymour		CT	06483				
Principal Occupation		Name of Employ	er	Ci	00403				
EMS			atuck Ambulance						
			obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	29/2018	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Rutledge	1 1130	Christopher		1411	0028				
Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code				
7 Victory St		Enfield		СТ	06082				
Principal Occupation		Name of Employ	er						
Application Development Consultant		Optur	n Health						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		аерепаент сппа с	n a lobbyist:						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
X No Cash Personal Check	03/	29/2018	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Cassetti		David			0162				
Residential Street Address	City			State	Zip Code				
3 High Acres Rd		Ansonia		СТ	06401				
Principal Occupation		Name of Employ							
Mayor Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
Yes X No)	dependent child of	of a lobbyist?	Amou	or Commoundin				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
— X C I									
If yes, list Event # 03292018A Cash Credit/Debit Card	03/	29/2018	\$25.00		\$25.00				

Page 73 of 101

I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT				
Kurt for CT			April 10 Filing - Original				
B. Itemized Contributions from	n Inc	lividuals					
Last Name	First			MI	Contribution ID #		
Cassetti		Alfonsina			0163		
Residential Street Address	City			State	Zip Code		
3 High Acres Rd		Ansonia		СТ	06401		
Principal Occupation		Name of Employ	er				
A. DC		Cartw	rell				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		dependent cinia c					
government the contract is with: Executive Legislative	- D -	p : 1					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
No X Cash Personal Check	03/	29/2018	\$25.00		\$25.00		
If yes, list Event # 03292018A	03/	29/2010	\$23.00		\$25.00		
Last Name	First			MI	Contribution ID #		
Jaumann		Joseph		Α	0164		
Residential Street Address	City	·		State	Zip Code		
183 Wakelee Ave		Ansonia		СТ	06401		
Principal Occupation		Name of Employ	er				
Attorney		Drapp	& Jaumann, LLC				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of	-	dependent child of	of a foodyist?				
government the contract is with:			X No				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
Cash Personal Check	02,	20/2010	* F0.00		* F0.00		
If yes, list Event # 03292018A	03/	29/2018	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Corey	11130	Matthew		· · · ·	0165		
Residential Street Address	City			State	Zip Code		
181 Cetre St		Manchester		СТ	06040		
Principal Occupation		Name of Employ	er				
Owner		McKin	non Irish Pub				
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		dependent child of	of a followist:				
government the contract is with:			x _{No}				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
No Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Ser	02/	20/2010	¢40.00		¢40.00		
If yes, list Event # 03292018A	03/	29/2018	\$40.00		\$40.00		
Last Name	First			MI	Contribution ID #		
Papcin		David Jr.		Α	0166		
Residential Street Address	City			State	Zip Code		
16 Chester St		Ansonia		СТ	06401		
Principal Occupation		Name of Employ	er		-		
Student		Stude	ent				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of	-	dependent child of	of a fobbyist?				
government the contract is with:			x _{No}				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
X Cash Personal Check	۸٦,	20/2019	# 7 0.00		¢3E 00		
If yes, list Event # 03292018A	03/	29/2018	\$70.00		\$25.00		

Page 74 of 101

I. MONETARY RECEIPT	S (Se	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Kurt for CT			TYPE OF REPORT April 10 Filing - Original					
Kult for C1			, prin 10 r ming original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Henri		Patrick		Α	0167			
Residential Street Address	City	A		State	Zip Code			
16 Harris Rd Principal Occupation		Ansonia Name of Employe	or	СТ	06401			
Electrical Design Engineer Sikorsky Aircraft								
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or General Physics 2 Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child o	a lobbyist?					
government the contract is with:	Doto	Received	Aggregate Contributions	-				
an event reported in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event # 03292018A X Cash Personal Check Money Order Credit/Debit Card	03/	29/2018	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Tripp	11130	Philip		M	0168			
Residential Street Address	City	F		State	Zip Code			
57 Eagle St		Ansonia		СТ	06401			
Principal Occupation		Name of Employ	er					
Sales		Rings	End					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		аеренаен сина о	x No					
Is this contribution associated with X Vac Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1 / X Cash Personal Check	03/	29/2018	\$50.00		\$50.00			
If yes, list Event # 03292018A								
Last Name	First			MI	Contribution ID #			
Izzo		John			0169			
Residential Street Address	City			State	Zip Code			
12 Shortell Dr Principal Occupation	<u> </u>	Ansonia Name of Employe	or.	СТ	06401			
Real Estate			rell Banker					
				Amou	nt of Contribution			
Yes A No	0	dependent child of						
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with	Date	Received	Aggregate Contributions					
X Cash Personal Check	03/	29/2018	\$25.00		\$25.00			
If yes, list Event # 03292018A								
Last Name	First			MI	Contribution ID #			
McDowell		Robert			0170			
Residential Street Address	City			State	Zip Code			
94 Root Ave	<u> </u>	Ansonia		СТ	06401			
Principal Occupation Examiner		Name of Employe	er Iniversity Hospital					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with:		dependent child of	if a lobbyist?					
Is this contribution associated with an eventual in Section 112.	Date	Received	Aggregate Contributions	1				
an event reported in Section 31:								
If yes list Event # 03292018A No Cash Credit/Debit Card	03/	29/2018	\$15.00		\$15.00			

Page 75 of 101

I. MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	TYPE OF PEROPE						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Kurt for CT			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Vaccaro		Lorie		R	0171				
Residential Street Address	City			State	Zip Code				
515 Beaver St		Ansonia		СТ	06401				
Principal Occupation		Name of Employ	er						
Retired Retired									
Is contributor a principal of a state contractor or prospective state contractor?			obbyist snouse or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with The second is Section 112 We have the second in Section 112 It is second to the second in Section 112 We have the second in Section 112	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
No Cash X Personal Check	03/	29/2018	\$25.00		\$25.00				
If yes, list Event # 03292018A		•			·				
Last Name	First			MI	Contribution ID #				
Book		Ethan			0172				
Residential Street Address	City	Lilian		State	Zip Code				
144 Coleman St	City	Bridgeport		CT	06604				
Principal Occupation		Bridgeport Name of Employ	ON.	CI	00004				
				: Fairefiald					
Owner/Operator			England Limousine Service of						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Атои	nt of Contribution				
If yes, indicate which branch or branches of									
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Barcanal Chack									
If yes, list Event # 03292018A No Money Order Credit/Debit Card	03/	29/2018	\$30.00		\$30.00				
Last Name	First			MI	Contribution ID #				
Davis		Christopher			0019				
Residential Street Address	City			State	Zip Code				
123 Snipsic Lake Rd		Ellington		CT	06029				
Principal Occupation		Name of Employ	er						
Real Estate Salesperson		Walla	ce & Tetreault Realty						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
	,	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Check	03/	30/2018	\$50.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card		-	·						
Last Name	First			MI	Contribution ID #				
Lombardi		Michael		P	0020				
Residential Street Address	City	THERICE		State	Zip Code				
21 Lakeview Ave	City	Seymour		CT	06483				
Principal Occupation		Seymour Name of Employ	or	C1	30-103				
Sales									
		Firem	abbriet enauge or	A	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		.,	x No						
government the contract is with: Executive Legislative	-								
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
_									
If yes, list Event # Cash Credit/Debit Card	03/	30/2018	\$25.00		\$25.00				

Page 76 of 101

I. MONETARY RECEIPTS (Section A-I)									
	S (Se	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Kurt for CT			April 10 Filing - Original						
B. Itemized Contributions fron	n Ind	ividuals							
Last Name	First			MI	Contribution ID #				
Brinton		Robert Jr.			0021				
Residential Street Address	City			State	Zip Code				
68 Knollwood Dr		Bethany		СТ	06524				
Principal Occupation		Name of Employ	er						
Civil Engineer Western CT Council of Governments									
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?	'	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes list Event # Personal Check X No	03/3	30/2018	\$25.00		\$25.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Kleinhans		John			0022				
Residential Street Address	City			State	Zip Code				
2 Grove Ave	-	Niantic		СТ	06357				
Principal Occupation		Name of Employ	er	<u> </u>					
Digital Marketing			eWordks						
			obbyjet enouge or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No		dependent child o	Vac	111104	in or commonion				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
Cash Personal Check	02/	20/2010	±100.00		±100.00				
If yes, list Event # Money Order X Credit/Debit Card	03/.	30/2018	\$100.00		\$100.00				
					a . 1				
Last Name	First			MI -	Contribution ID #				
Connors		Christopher		J	0266				
Residential Street Address	City			State	Zip Code				
70 N Benham Rd		Seymour		СТ	06483				
Principal Occupation		Name of Employ							
Driver		Guerr	era Construction						
Is contributor a principal of a state contractor or prospective state contractor?	.	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent cinia c	a loodyist:						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event #	03/3	30/2018	\$20.00		\$20.00				
				l					
Last Name	First			MI	Contribution ID #				
Grabowski		Lukacz		J	0267				
Residential Street Address	City			State	Zip Code				
3211 NE 8th St Apt 303E		Pompano Bea	ach	FL	33062				
Principal Occupation		Name of Employ	er						
Student	_	Stude	ent						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Personal Check Money Order Credit/Debit Card	03/3	30/2018	\$60.00		\$60.00				

Page 77 of 101

I. MONETARY RECEIPTS (Section A-I)							
	5 (56	ection A-I)	TYPE OF PEROPE				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT				
Kurt for CT			April 10 Filing - Original				
B. Itemized Contributions from	n Ind	lividuals	•				
Last Name	First			MI	Contribution ID #		
Nemergut		James		Р	0268		
Residential Street Address	City			State	Zip Code		
50 Birdseye St # 418		Stratford		СТ	06615		
Principal Occupation		Name of Employ	er				
Retired		Retire	ed				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution		
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
X No Cash X Personal Check	03/3	30/2018	\$100.00		\$100.00		
If yes, list Event #							
Last Name	First			MI	Contribution ID #		
Calabro		Isabella			0269		
Residential Street Address	City	10000		State	Zip Code		
79 Pearl St	City	Seymour		CT	06483		
Principal Occupation	<u> </u>	Name of Employ	or	Ci	00403		
Student		Stude			nt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Атои	nt of Contribution		
If yes, indicate which branch or branches of			·				
government the contract is with:							
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/3	31/2018	\$5.00		\$5.00		
Last Name	First			MI	Contribution ID #		
Calabro		Michelina			0270		
Residential Street Address	City			State	Zip Code		
79 Pearl St		Seymour		СТ	06483		
Principal Occupation		Name of Employ	er	-	-		
Massage Therapist		Sona	Bella Salon & Spa				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution		
)	dependent child of	*				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section 31?							
X No Zash Personal Check	03/3	31/2018	\$20.00		\$20.00		
If yes, list Event #		-					
Last Name	First			MI	Contribution ID #		
Graham		Ashley		М	0271		
Residential Street Address	City	Asincy		State	Zip Code		
55 Sunbright Dr S	City	Meriden		CT	06450		
	_		on.	CI	00430		
Principal Occupation		Name of Employ					
Salon Coordinator			Bella Salon & Spa		nt of Containation		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of			x No				
government the contract is with: Executive Legislative							
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section 31?	1						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/3	31/2018	\$20.00		\$20.00		

Page 78 of 101

L MONETARY RECEIPT	S (Se	ection A-I)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Kurt for CT			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Malberti		Matthew			0272			
Residential Street Address	City			State	Zip Code			
224 Beardsley Rd	<u> </u>	Shelton		СТ	06484			
Principal Occupation Name of Employer Physican Therapist Select Physical Therapy								
			obbyjet enouge or	Amou	unt of Contribution			
Yes X No	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	31/2018	\$100.00		\$100.00			
	I			I				
Last Name	First			MI	Contribution ID #			
Machowski Residential Street Address	City	Andrew		M State	0273 Zip Code			
224 Beardsley Rd	City	Shelton		CT	06484			
Principal Occupation		Name of Employ	er	<u> </u>	00404			
Cashier			Depot					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amount of Contribution				
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 11?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	31/2018	\$100.00		\$100.00			
	L			l	La . i . p. "			
Last Name Martin	First	Johnathon		MI A	Contribution ID # 0001			
Residential Street Address	City	Joinnathon		State	Zip Code			
18 Glenford Dr	City	Waterbury		CT	06708			
Principal Occupation		Name of Employ	er	<u> </u>				
Patrol Officer		Seym	our Police Department					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	or a robbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	03/	31/2018	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Supranovich	11130	Katherine		1411	0002			
Residential Street Address	City			State	Zip Code			
15 Jude Rd		Plainville		СТ	06062			
Principal Occupation	•	Name of Employ	er		•			
Legal Secretary		Sharp	& Shields					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	a loodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	02.	21/2010	*25.00		¢25.00			
If yes, list Event # Money Order X Credit/Debit Card	U3/.	31/2018	\$25.00		\$25.00			

Page 79 of 101

I. MONETARY RECEIPTS (Section A-I)							
	5 (56	ection A-I)	TYPE OF REPORT				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)							
Kurt for CT			April 10 Filing - Original				
B. Itemized Contributions from	n Ind	lividuals	•				
Last Name	First			MI	Contribution ID #		
Wright		Jeffrey		Α	0003		
Residential Street Address	City			State	Zip Code		
1925 Huntington Tpke		Trumbull		СТ	06611		
Principal Occupation		Name of Employ	er				
Contractor		JA Wr	ight & Co				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution		
)	dependent child of	of a lobbyist?				
If yes, indicate which branch or branches of government the contract is with:			x _{No}				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
If yes list Event # Cash Personal Check Money Order X Credit/Debit Card	03/3	31/2018	\$134.52		\$34.00		
If yes, list Event #							
Last Name	First			MI	Contribution ID #		
DeCava		Richard			0004		
Residential Street Address	City			State	Zip Code		
143 West Rd		Marlborough		СТ	06447		
Principal Occupation		Name of Employ	er				
Supervisor		Chart	er Communications				
			obbyist, spouse, or	Amou	nt of Contribution		
is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Voc				
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?	Dute	Received	Aggregate Contributions				
X No Cash Personal Check	02/	21/2019	¢25.00		¢25.00		
If yes, list Event # Money Order X Credit/Debit Card	03/.	31/2018	\$25.00		\$25.00		
LadNama	Firet.			M	Contribution ID#		
Last Name	First			MI	Contribution ID #		
Roscoe	O.	Harry		a	0005		
Residential Street Address	City			State	Zip Code		
24 Fieldstone Ln		Beacon Falls		СТ	06403		
Principal Occupation		Name of Employ					
Retired		Retire					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of			x No				
government the contract is with:							
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions				
X No Cash Personal Check							
If yes, list Event # Money Order X Credit/Debit Card	03/:	31/2018	\$100.00		\$100.00		
-							
Last Name	First			MI	Contribution ID #		
Harkins		John Jr.		J	0006		
Residential Street Address	City			State	Zip Code		
8 Poplar Dr	L	Seymour		СТ	06483		
Principal Occupation		Name of Employ					
Patrol Officer		Seym	our Police Department				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		acpendent ennu (·				
government the contract is with:			x No				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section 31?	1						
If yes, list Event # Cash Credit/Debit Card	03/3	31/2018	\$25.00		\$25.00		

Page 80 of 101

I. MONETARY RECEIPT	S (Se	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original						
Kurt for CT			April 10 Filing - Original						
B. Itemized Contributions from	n Ind	lividuals							
Last Name	First			MI	Contribution ID #				
McConologue		Robert		D	0007				
Residential Street Address	City			State	Zip Code				
14 Edward Rd		Seymour		СТ	06483				
Principal Occupation Name of Employer Chatfield Power Equipment									
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?	0	dependent child o	Voc	7 tinou	nt of Controlation				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Value Cash Personal Check Cash Personal Check	03/	31/2018	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Zarro	1 1130	Kate		M	0008				
Residential Street Address	City			State	Zip Code				
302 Quaker Farms Rd		Oxford		СТ	06478				
Principal Occupation	•	Name of Employe	er						
Attorney		Law C	Office of Kate M. Casagrande						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or See Jahlania 2	Amou	nt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	i a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	00.0	24 /2040	+25.00		+25.00				
If yes, list Event # No Money Order X Credit/Debit Card	03/.	31/2018	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Carson		Beth			0009				
Residential Street Address	City			State	Zip Code				
49 Mead Farm Rd		Seymour		СТ	06483-2467				
Principal Occupation		Name of Employ	er						
Clinical Research Manager		Lume	ndi						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If was indicate which branch or branches of		dependent cinia o	Ta loobyist:						
government the contract is with: Legislative Legislative	D-4-	D		4					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	31/2018	\$50.00		\$50.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Eighmie		Thomas		J	0010				
Residential Street Address	City			State	Zip Code				
50 Laurel Ln		Seymour		СТ	06483				
Principal Occupation Custodian		Name of Employ	er of Seymour						
Is contributor a principal of a state contractor or prospective state contractor?			obbreigt anguag or	Amou	nt of Contribution				
	0	dependent child of	•						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
If yes list Event # Cash Credit/Debit Card	03/	31/2018	\$55.00		\$25.00				

Page 81 of 101

I. MONETARY RECEIP	TS (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Kurt for CT			April 10 Filing - Original		
B. Itemized Contributions fr	om Ind	lividuals			
Last Name	First			MI	Contribution ID #
Sobieski		Allison		Υ	0011
Residential Street Address	City			State	Zip Code
153 Great Hill Rd		Seymour		СТ	06483
Principal Occupation		Name of Employ			
CMO Is contributor a principal of a state contractor or prospective state contractor?			Group Solutions obbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	No	dependent child of	Vac	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Vac Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Personal Check Money Order Caredit/Debit Card	03/	31/2018	\$100.00		\$100.00
					·
Last Name	First			MI	Contribution ID #
Klarides	a:	Themis		a	0012
Residential Street Address	City	Dawhu		State	Zip Code 06418
23 East Ct Principal Occupation		Derby Name of Employ	er	СТ	00418
Attorney			n & Wolf PC		
			obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	No	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event #	03/	31/2018	\$300.00		\$100.00
				\	[0 (3 (B)
Last Name Kelley	First	Kyle		MI	Contribution ID # 0013
Residential Street Address	City	Ryle		State	Zip Code
31 Birchwood Rd	,	Seymour		CT	06483
Principal Occupation		Name of Employ	er		
Executive Director		Seym	our Ambulance Association		
Is contributor a principal of a state contractor or prospective state contractor?	No		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	NO	dependent child of	a lobbyist:		
government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	02/	21/2010	±150.00		±25.00
If yes, list Event # Money Order X Credit/Debit Card	03/	31/2018	\$150.00		\$25.00
Last Name	First			MI	Contribution ID #
Voroschak Papcin		Sharon			0014
Residential Street Address	City			State	Zip Code
16 Chester St		Ansonia		СТ	06401
Principal Occupation		Name of Employ	er		-
Marketing		Carbt	rol		
Is contributor a principal of a state contractor or prospective state contractor?	No	Is contributor a l dependent child of	obbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No		
government the contract is with: In this containation accordant with Mathed of containation.	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event #	03/	31/2018	\$20.00		\$5.00

Page 82 of 101

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Kurt for CT			April 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Voroschak		Charles			0015				
Residential Street Address	City			State	Zip Code				
5 Sobin Dr	L	Ansonia		СТ	06401				
Principal Occupation Name of Employer									
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	44 1 4	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	Voc	Amou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 11?									
If yes, list Event # Cash Personal Check No	03/3	31/2018	\$20.00		\$5.00				
In you, list Event in Circuit Debut Cut and									
Last Name	First			MI	Contribution ID #				
Voroschak	ļ	Millie			0016				
Residential Street Address	City			State	Zip Code				
5 Sobin Dr	L	Ansonia	ou.	СТ	06401				
Principal Occupation Retired		Name of Employ Retire							
			-11	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	Vac	111100	an of controunon				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/3	31/2018	\$20.00		\$5.00				
If yes, list Event # Money Order X Credit/Debit Card	<u> </u>								
Last Name	First			MI	Contribution ID #				
Satkowski		Andrew		Р	0017				
Residential Street Address	City			State	Zip Code				
4 Apple Ln	Ļ,	Seymour		СТ	06483				
Principal Occupation		Name of Employ							
Custodian Is contributor a principal of a state contractor or prospective state contractor?			of Seymour	A					
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	V	Alliou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/3	31/2018	\$150.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Scarlatta		Vinnie		G	0018				
Residential Street Address	City			State	Zip Code				
99 Pulaski Hwy	L	Ansonia		СТ	06401				
Principal Occupation		Name of Employ							
Cabinetmaker			End Lumber	A					
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/3	31/2018	\$25.00		\$25.00				

									Page 83 of 101
								Total of Section I	\$18,680.52
TOTAL OF ALL CONTRIBUTIONS FROM INDIVID	UALS		(Sections	A + B))	(Total on Line 14, 0	Column A of S	'ummary Page)	\$18,680.52
I.	MONE	TARY	Y RECE	IPTS	(Se	ction A-I)			
NAME OF COMMITTEE (Provide Complete Name as R	egistered	with C	Commission	1)				TYPE OF R	EPORT
Kurt for CT								April 10 Filing - Origin	al
CI C	4 '1 4'	·	Od	<u> </u>	•4				
CI. Co	ontributi	ons fr	om Other	Com	mitt	tees			
Name of Committee						Name of Treasurer			
Address Is this contribution associated with an Yes No Amount of Contrib							Amount of Contribution		
				event re	eportec	d in Section J1?			
	State	Zip Co	ode	Dat	If yes, list Event # Date Received Aggregate Contributions				
City									
								Total of Section C1	
I. MONE	TARY I	RECI	EIPTS (S	ection	n A-	-I)			
NAME OF COMMITTEE							1	TYPE OF REPORT	
Kurt for CT							April 10	Filing - Original	
Kut for C1							7,611110	- Initig	
C2. Reimbursements of	r Surplu	ıs Dis	tributions	from	oth	er Committees	1		
Name of Committee						Name of Treasurer			
Kurt for CT						Rory Burke			
Address							Date Recei	ved	Amount of Receipt
2 Klarides Village Dr # 146							02/05/2	018	ount of Receipt
City	State		Zin Code		T	Payment Type	+		

\$6,594.50

\$6,594.50

СТ

Surplus from Kurt for CT exploratory committee.

Description

Seymour

Expenditure #

06483

Reimbursement for shared expense

Surplus distribution from exploratory committee

Total of Section C2

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE					ТҮРЕ	OF REPORT			
Kurt for CT					April 10 Filir	g - Original			
	D. Loans	s Received this Peri	od						
Name of Lender	ame of Lender Source of Loan:								
Street Address		City	Bank Candi	date	State	Al Other Zip Code	Is there a cosigner or Guarantor of this loan?		
Name of Cosigner/Guarantor (if applica	able)						Yes No Amount Received		
Street Address		City			State	Zip Code	-		
					<u> </u>	Total of Section	ı D		
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE						TYPE OF REPO	PRT		
Kurt for CT					Apri	10 Filing - Original			
E. Personal l	Funds of the Candidate Reco	eived this Period (C	andidate Committee	es ONL	Y)				
Date of Receipt	Method of Payment Cash	Personal Check	Credit/Debi	it Card			Amount		
					Total of	Section E			
	I. Mo	netary Receipts (Section A-I)						
NAME OF COMMITTEE					Г	YPE OF REPOR	RT		
Kurt for CT					April 10	Filing - Original			
	G. Interest from	m Deposits in Autho	orized Accounts						
Name of Institution				Di	ate Received		Amount		
Street Address		City		State	Zip	Code			
		<u> </u>		<u> </u>	T	otal of Section G			

Total of Section I

I. Mo	ONETARY RECEIPTS (Section A-I)					
NAME OF COMMITTEE			TYPE OF REPOR	Γ		
Kurt for CT		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				
Supplemental 1 SS Election Series						
	<u> </u>		Total of Section H			
			,			
I.	MONETARY RECEIPTS (Section A-I)					
NAME OF COMMITTEE			TYPE OF REPORT			
Kurt for CT		April	10 Filing - Original			
I. Miscellaneo	ous Monetary Receipts not Considered Contributi	ions				
Name		Date	of Transaction	Amount Received		
Street Address	City	State	Zip Code			
Description	· ·		•			

	II. EVENT ACTIVITY	(Sections J	1 - J4)					
NAME OF COMMITTEE (Provide Cor	mplete Name as Registered with Con	nmission)			TYPE	OF REPO	RT	
Kurt for CT					April 10 Filing - C	Original		
	J1. Event Inform	mation						
Event # Date of Event 02/08/2018 Letter A	Description Cocktail Event						fundraisin Yes	g event?
Location: Street Address 318 Roosevelt Dr				City Seymour		•	State CT	Zip Code 06483
Was this event hosted at a personal residence?		Yes No	with a House Party and complete required information for any puchases made by					
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	complete required information.					
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Rec	ceipts here.)				\$0.00
Event # Date of Event 03/05/2018 Letter A	Description Cocktail Event					l—	fundraisin	g event?
Location: Street Address 738 Main St S				City Woodbury			State CT	Zip Code 06798
Was this event hosted at a personal residence?		Yes X No	if yes, go to Section J4 with a House Party and host(s) for food, bever	d complete requ	ired information for			ed
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ions not Considered	Contribution	s and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Rec	ceipts here.)				\$0.00
Event # Date of Event	Description Home Fundraiser						ı fundraisin Yes	g event?
Location: Street Address 6 Hayfield Dr				City Shelton			State CT	Zip Code 06484
Was this event hosted at a personal residence?		X Yes No	if yes, go to Section J4 with a House Party and host(s) for food, bever	d complete requ	ired information for			ed
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.							
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	other sale of donated items with Yes (If yes, enter Total Receipts here.)						\$0.00	

II. EVENT ACTIVITY (Sections J1 - J4)										
NAME OF COMMITTEE (Provide Cor	nplete Name as Registered with Com	mission)			ТҮРЕ С	OF RE	PORT		
Kurt for CT						April 10 Filing - O	riginal			
	J1. Event Inform	ation								
Event # Date of Event	Description Cocktail Event						Was th	his a fundrai	sing event?	
Location: Street Address 1700 Watertown Ave								State CT	Zip Code 06708	
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 puchases made by host(s) for food, beverage and invitations.								
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?				If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.						
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?				(If yes, enter Total Recei	pts here.)				\$0.00	
Event # Date of Event	Description Party Event						Was th	his a fundrai	sing event?	
Location: Street Address 25 N Cliff St					City Ansonia			State CT	Zip Code 06401	
Was this event hosted at a personal residence?		X	Yes if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.							
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ess entity of up to \$200 or items	X	Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.							
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	X	Yes No	(If yes, enter Total Recei	pts here.)				\$0.00	
					Tot	tal of Section J1			\$0.00	

	II.EV	ENT ACTIVITY (Sections	J1 - J4)				
NAME OF COMMITTEE (Provide	Complete Name as Reg	gistered with Commission)			TYPE OF REP	ORT	
Kurt for CT				Apr	il 10 Filing - Original		
	J3. In-Kind Dona	tions Not Considered Contribu	ıtions				
Name of the Donor Massimino's Pizzeria							
			City			1	
Street Address						State	Zip Code 06401
70 Main St	70 Main St Ansonia					СТ	00401
Donation Given by: Description of Donation						Market Value of Donation	
Partial cost of pizza & soda							
X Business Entity	Date Received	Event #		Aggregate value f			
Sole Proprietorship	03/29/2018	03292018A			\$40.00		\$40.00
					Total of Section J3		\$40.00
•							
	II	LEVENT ACTIVITY (Secti	ons J1 - J	J4)			
NAME OF COMMITTEE (Provide	Complete Name as Reg	gistered with Commission)			TYPE OF RE	PORT	
Kurt for CT					April 10 Filing - Origii	nal	
reaction of							
J4. In-Ki	nd Donations Not C	onsidered Contributions Associate	ciated with	h a House Part	y		
Name of Host				Is this event	supporting more than one	candidate?	
				Yes		complete Ite dum J4	mization in
Street Address			City	'		State	Zip Code
Description of Donation							farket Value of Donation
			1			-	
Event #	Aggregate value of this Ev	vent - all hosts	Aggreg	gate value of all Event	s - this host/candidate		
	1					•	
					Total of Section J4		

III. NONMONET	ΓAI	RY RE	CEIPTS (Section	ıs K - L)					
NAME OF COMMITTEE (Provide Complete Name as Registered with	th C	Commiss	ion)			TYP	E OF REP	ORT	
Kurt for CT					April 10) Filing - C	Original		
K. In-Kind (Con	ıtributi	ons		l				
Name									
Street Address			ı	City				State	Zip Code
Is this contribution associated with an event reported in Section J1? No Description of In-Kind Contribution Description of In-Kind Contribution									
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a principal of a state contractor or prospective state Contribution a principal of a state contractor or prospective state Contribution No Ro government the contract is with: Executive Legislative									
Type of Contributor:	Date Received Aggregate contributions								
Individual Committee Sole Proprie	Sole Proprietorship								
					To	otal of Se	ection K		
III. Non Monet	ary	y Recei	pts (Sections K -	L)	_				
NAME OF COMMITTEE (Provide Complete Name as Registered with	th C	Commiss	ion)			TYPE	OF REPO	RT	
Kurt for CT					April 10	0 Filing -	Original		
L. Refundable Deposit to T	Tele	ephone	Company						
Last Name of Individual		First Nan	ne		МІ	I	Date Dep	osit Made	
Residential Street Address	Cit	у		State	Zip	p Code			mount of Deposit
Name of Telephone company									
Street Address (City State Zip Code								
					То	otal of Se	ction L		

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)		ТҮРЕ С	F REPORT			
Kurt for CT				April 10 Filing - (Original			
	N. Expenses Paid By Con	nmittee						
Name of Payee Premier Graphics, LLC			Date of Pays		D D	yment heck # <u>94</u> ebit Card FT		
Street Address 860 Honeyspot Rd		City Stratford			State CT	Zip Code 06615		
Purpose of Expend A-OTH	Description 1 stand-up banner sign for events.	·				Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Expenditure # Expenditure # Event # (if applicable)						\$365.00		
Name of Payee Date of Payment Tavern 1757 02/08/2018					Method of Payment X Check # 95 Debit Card EFT			
Street Address 318 Roosevelt Dr		City Seymour			State CT	Zip Code 06483		
Purpose of Expend FNDR *	Description Food, beer & wine, and venue for Fundraiser 1.					Amount		
which reimbursement is sough		xpenditure # f applicable)	Event #			\$1,600.00		
Name of Payee Paycheck Photography			Date of Pays		D D	yment heck # <u>95</u> ebit Card FT		
Street Address 2125 Cutspring Rd		City Stratford			State CT	Zip Code 06614		
Purpose of Expend A-WEB	Description Filming & editing of campaign introductory video for webs	site.				Amount		
which reimbursement is soug	— I	xpenditure # f applicable)	Event #	ŧ		\$593.95		

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)		TYPE O	F REPORT			
Kurt for CT			April 10 Filing - C	Original			
	N. Expenses Paid By Commi	ttee					
Name of Payee People's United Bank			of Payment 27/2018	. =	eck #		
Street Address 12 Franklin St		City Seymour		State CT	Zip Code 06483		
Purpose of Expend BNK	Description 50 additional campaign checks				I Amount		
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure			event #		\$55.01		
Name of Payee Woodbury Brewing Co. Date of Payment 03/05/2018					ment eeck # <u>93</u> bit Card T		
Street Address 738 Main St S City Woodbury				State CT	Zip Code 06798		
Purpose of Expend FNDR *	Description Food, beer & venue for Fundraiser 2.				Amount		
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		licable)	O52018A		\$1,200.00		
Name of Payee Spectrum Marketing Con	npanies		of Payment 06/2018	. =	neck # <u>96</u> bit Card		
Street Address 95 Eddy Rd Ste 101		City Manchester		State NH	Zip Code 03102		
Purpose of Expend A-DM	Description 5,722 direct mail letters soliciting donations				Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes Expenditure # (if applicable) \$4,923.62 If yes, assign an Expenditure # and complete Itemization in Addendum							

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)		ТҮРЕ	OF REPORT				
Kurt for CT			April 10 Filing	- Original				
	N. Expenses Paid By Comm	ittee	<u>'</u>					
Name of Payee Kurt Miller			Date of Payment	Method of Payment X Check # 1003 Debit Card EFT				
Street Address 18 Swan Ave		City Seymour		State Zip Code CT 06483				
Purpose of Expend RMB	Description 2 hotel rooms for CT Republican Convention	•		Amount				
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure	\$480.70							
Name of Payee Red November Strategie	Method of Payment X Check # 1001 Debit Card EFT							
Street Address 6 Warren Rd								
Purpose of Expend WAGE	Description 2/2018 payment for campaign strategist.			Amount				
which reimbursement is sough		iditure # blicable)	Event#	\$750.00				
Name of Payee Red November Strategie	s LLC		Date of Payment 03/19/2018	Method of Payment X Check # 1002 Debit Card EFT				
Street Address 6 Waren Rd		City Woodbridge		State Zip Code CT 06525				
Purpose of Expend WAGE	Description 3/2018 payment for campaign strategist.			Amount				
which reimbursement is soug		diture # slicable)	Event #	\$750.00				

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	F REPORT			
Kurt for CT				April 10 Filing - (Original			
	N. Expenses Paid By Com	mittee						
Name of Payee Rory Burke			Date of Pays 03/21/20			yment heck# <u>1004</u> ebit Card FT		
Street Address 224 Beardsley Rd		City Shelton			State CT	Zip Code 06484		
Purpose of Expend WAGE	Description 2/2018 payment for treasurer.	·				Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Yes Expenditure # (if applicable) Event #						\$1,000.00		
Name of Payee Date of Payment Rory Burke 03/21/2018					Method of Payment X Check # 1005 Debit Card EFT			
Street Address 224 Beardsley Rd		City Shelton			State CT	Zip Code 06448		
Purpose of Expend WAGE	Description 3/2018 payment for treasurer.					Amount		
which reimbursement is sough		penditure # applicable)	Event #	ŧ		\$1,000.00		
Name of Payee Kurt Miller			Date of Pays 03/22/20			yment heck # <u>1006</u> ebit Card FT		
Street Address 18 Swan Ave		City Seymour			State CT	Zip Code 06483		
Purpose of Expend RMB	Description Constant contact contact management and email marketing	ng.				Amount		
which reimbursement is soug	— I	penditure # applicable)	Event #	ŧ		\$62.37		

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commiss	sion)		ТҮРЕ О	F REPORT			
Kurt for CT				April 10 Filing - 0	ng - Original			
	N. Expenses Paid By C	Committee						
Name of Payee Kurt Miller			Date of Payr 03/22/20			vment heck # <u>1006</u> ebit Card		
Street Address 18 Swan Ave		City Seymour			State CT	Zip Code 06483		
Purpose of Expend RMB	Reimbursement for Wordpress web theme for website. Company is based in Victoria							
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Yes Expenditure # (if applicable) Event #						\$61.00		
Name of Payee Spectrum Marketing Companies Date of Payment 03/27/2018					Method of Payment X Check # 1009 Debit Card EFT			
Street Address 95 Eddy Rd Ste 101		City Manchester			State NH	Zip Code 03102		
Purpose of Expend PRNT	Description 5,000 palm cards.					Amount		
Is this expenditure coordinate which reimbursement is sough If yes, assign an Expenditure		Expenditure # (if applicable)	Event #	ŧ		\$705.00		
Name of Payee Vasi's Restaurant			Date of Pays 03/27/20		De De	yment heck # <u>1008</u> ebit Card FT		
Street Address 1700 Watertown Ave		City Waterbury			State CT	Zip Code 06708		
Purpose of Expend FNDR *	Description Food, venue and beverages for fundraiser 4 at Vasi's Restaurant.					Amount		
Is this expenditure coordinate which reimbursement is soughtfyes, assign an Expenditure		Expenditure # (if applicable)	Event #		\$300.00			

IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)		ТҮРЕ О	F REPORT						
Kurt for CT			April 10 Filing - C	- Original						
	N. Expenses Paid By Commi	ittee	,							
Name of Payee Anthony Simonetti			Oate of Payment	1 =	neck # 1010 ebit Card					
Street Address 6 Hayfield Dr		City Shelton		State CT	Zip Code 06484					
Purpose of Expend FNDR *	Description Reimbursement for food and drinks for fundraiser 3 at home	Amount								
Is this expenditure coordinate which reimbursement is sough If yes, assign an Expenditure	\$434.03									
Name of Payee Anedot Date of Payment 03/31/2018					Method of Payment Check # Debit Card X EFT					
Street Address PO Box 84314		City Baton Rouge		State LA	Zip Code 70884					
Purpose of Expend BNK	Description Online fundraising website processing fees				Amount					
Is this expenditure coordinate which reimbursement is soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the soughtful to the sou		diture # dicable)	Event #		\$335.78					
Name of Payee Majority Strategies LLC			Oate of Payment	1 =	neck # 1013 ebit Card					
Street Address 12854 Kenan Dr Ste 145		City Jacksonville		State FL	Zip Code 32258					
Purpose of Expend A-WEB	Description Digital marketing support.				Amount					
which reimbursement is soug			Event #	which reimbursement is sought? \overline{x}_{N_0} (if applicable) \$4,416.						

	IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			TYPE O	F REPOR	Т		
Kurt for CT				April 10 Filing - C	Original			
	N. Expenses Paid By Com	nittee						
Name of Payee Nicole Klarides-Ditria			Date of Pays 03/31/20			Payment Check # 1011 Debit Card EFT		
Street Address 23 Osprey Dr		City Seymour			State CT	Zip Code 06483		
Purpose of Expend RMB	Description Reimbursement of duplicate campaign contributimon					Amount		
Is this expenditure coordinate which reimbursement is soug If yes, assign an Expenditure		enditure # pplicable)	Event #	ŧ	\$100.00			
Name of Payee Massimino's Pizzeria			Date of Pays 03/31/20		Method of Payment X Check # 1012 Debit Card EFT			
Street Address 70 Main St		City Ansonia			State CT	Zip Code 06401		
Purpose of Expend FOOD	Pizza & soda for meet & greet prior to Ansonia RTC meeting.							
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Event # Event # O3292018A						\$54.55		
				Total of S	Section N	\$19,187.68		

	IV.	EXPENDITURES (Section	ns N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE						E OF REPORT		
Kurt for CT						April 10 Filing -	Original	
	O. Expe	nses Paid By Candidate						
Name of Payee (Name of vendor Foxwoods Resort & Casi	-				of Paymer 06/2018		Is Reimburseme	nt Claimed?
Street Address 240 Fox Tower Dr , PO Box 3777 City Mashantucket City CT Zip Code 06339						Amount		
Purpose of Expenditure (by code) 2 hotel rooms for 2018 CT Republican Convention TRVL Description 2 hotel rooms for 2018 CT Republican Convention							\$480.70	
Name of Payee (Name of vendor Envato Pty Ltd	who candidate paid directly)				of Paymer		Is Reimburseme	nt Claimed?
Street Address PO Box 16122 Collins St	reet West	City Victoria	State AA	Zip Code 08007		;		Amount
Purpose of Expenditure (by code) WEB Description Wordpress theme for website 6 months. Company is based in Australia. Event #					#			\$61.00
Name of Payee (Name of vendor	who candidate paid directly)				of Paymer 19/2018		Is Reimburseme	nt Claimed?
Street Address 1601 Trapelo Rd Ste 329			,	Amount				
Purpose of Expenditure (by code) WEB	Description Contact management & email r	narketing		Event	#			\$62.37
						Total o	of Section O	\$604.07

	IV. EXPENDITU	JRES (Section	ns N -	S)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT			
Kurt for CT April 10				ril 10 Filing - Origina	10 Filing - Original			
	P. Expenses Incurre	d on Committe	e Cred	lit Card				
Name of Issuing Institution				Type of Credit Card: Visa Other	Master Ca	rd Discove	er .	American Express
Name of Vendor				Omer			Date of Tran	saction
Street Address				City			State	Zip Code
Purpose of Expenditure (by code)	Description		•					Amount
Is this expenditure coordinated w which reimbursement is sought? If yes, assign an Expenditure # an	ith another candidate for nd complete Itemization in Addendum	Yes No		Expenditure # (if applicable)	Event #			
Total of Section P								
	IV. EXPENDIT	ΓURES (Sect	ions N	N - S)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE O						F REPORT		
Kurt for CT					ginal			
	Q. Expenses Incurred By Con	amittee but No	t Paid	During this Period				
Name of Creditor							Date Incurr	ed
Street Address			City				State	Zip Code
Purpose of Expenditure (by code)	scription							ount Incurred nate or Actual)
Is this expenditure coordinated with a reimbursement is sought?		Yes No		Expenditure # (if applicable)	Event #			
If yes, assign an Expenditure # and co	ompletes Itemization in Addendum Q							
					Tota	Lof Section ()		

IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT					
Kurt for CT					Ap	oril 10 Filing	ı - Original			
R. Itemiza	tion of Reimburs	sements and	d Secondary Pa	ayees						
Last Name of Worker/Consultant First				MI	MI Date of Payment to Vendor			Payment to Reimburse Committee Worker/Consultant as reported in Section N: Check #		
									it Card	
Name of Vendor Paid by Committee Worker/Consultant				 						
Street Address of Vendor City State							State	Zip Code		
Purpose of Expenditure (by code) Description										
Is this expenditure coordinated with another candidate for Yes which reimbursement is sought?			Expenditure # Event # Event #				Amount			
If yes, assign an Expenditure # and completes Itemization in Addendum R										
Total of Section R										
IV. EXPENDITURES (Sectuibs N - S)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT							ORT			
Kurt for CT April 10 Filing -					ı - Original					
S. Surplus Distribution of Equipment and Furniture										
Name of Recipient										
Street Address City				State Zip Code) 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 Donation	ons Not Considered Contribution Ass	ociated with a H	Iouse P	arty - Addendum			
Event #							
Name of Candidate	Name of Candidate						
	Section N. ADDENDUM						
NAME OF COMMITTEE				TYPE OF REPORT			
N. Expenses Paid By Committee - Addendum							
Expenditure #	Amo	ount of Expenditure					
Name of Candidate			Office Sought				
Section P. ADDENDUM							
NAME OF COMMITTEE			TYPE OF REPORT				
P. Expenses Incurred on Committee Credit Card - Addendum							
Expend	iture #		Am	ount of Expenditure			
Name of Candidate		I	Off	lice 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					