



**COVER PAGE**

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
<b>Stafstrom 2018</b>			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First <b>Gabrielle</b>	MI <b>A</b>	Last <b>Parisi</b>		Suffix	
4. TREASURER ADDRESS					
Street Address <b>151 Astoria Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>		
5. ELECTION DATE	6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)	
<b>11/06/2018</b>	<b>State Representative</b>			<b>R129</b>	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First <b>Steven</b>	MI	Last <b>Stafstrom</b>		Suffix	
9. TYPE OF REPORT					
<b>April 10 Filing - Amendment</b>					
10. PERIOD COVERED					
Beginning Date		Ending Date			
<b>01/01/2018</b>		thru		<b>03/31/2018</b>	
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.					
<b>Electronic Filing</b>	<b>Gabrielle Parisi</b>	<b>06/22/2018 1:02:50PM</b>			
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED			
<p><b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</b></p>					

**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	
<b>Stafstrom 2018</b>	April 10 Filing - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$0.00</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$5,649.00</b>	<b>\$5,649.00</b>
15. Receipts from Other Committees (Sections C1 and C2)	<b>\$0.00</b>	<b>\$0.00</b>
16. Other Monetary Receipts (Section D through I)	<b>\$0.00</b>	<b>\$0.00</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14 through 17)	<b>\$5,649.00</b>	<b>\$5,649.00</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$5,649.00</b>	<b>\$5,649.00</b>
20. Expenses Paid by Committee (Section N)	<b>\$808.72</b>	<b>\$808.72</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	<b>\$4,840.28</b>	<b>\$4,840.28</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	<b>\$0.00</b>	<b>\$0.00</b>
24. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
25. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$0.00</b>	<b>\$0.00</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$0.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$0.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**A. Total Contributions from Small Contributors-Received this Period ONLY**For Nonparticipating Candidates ONLY  
**\$0.00****B. Itemized Contributions from Individuals**

Last Name <b>Leshane</b>	First <b>Patricia</b>	MI	Contribution ID # <b>0093</b>
Residential Street Address <b>287 Capitol Ave</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06106</b>
Principal Occupation <b>Lobbyist</b>	Name of Employer <b>Sullivan &amp; Leshane</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution <b>\$100.00-</b>
		Date Received <b>01/17/2018</b>	Aggregate Contributions <b>\$200.00-</b>

Last Name <b>Thommen</b>	First <b>David</b>	MI	Contribution ID # <b>0166</b>
Residential Street Address <b>450 Lake Ave.</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>IT Director</b>	Name of Employer <b>Terex</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution <b>\$50.00-</b>
		Date Received <b>01/17/2018</b>	Aggregate Contributions <b>\$100.00-</b>

Last Name <b>Leshane</b>	First <b>Patricia</b>	MI	Contribution ID # <b>0093</b>
Residential Street Address <b>287 Capitol Ave</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06106</b>
Principal Occupation <b>Lobbyist</b>	Name of Employer <b>Sullivan &amp; Leshane</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution <b>\$100.00</b>
		Date Received <b>01/17/2018</b>	Aggregate Contributions <b>\$100.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Thommen</b>	First <b>David</b>	MI	Contribution ID # <b>0166</b>
Residential Street Address <b>450 Lake Ave .</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>IT Director</b>	Name of Employer <b>Terex</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>01/17/2018</b>	Aggregate Contributions <b>\$50.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Reynolds</b>	First <b>Kevin</b>	MI	Contribution ID # <b>0140</b>
Residential Street Address <b>71 Sycamore Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117</b>
Principal Occupation <b>Lobbyist</b>	Name of Employer <b>RSG</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>01/23/2018</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

Last Name <del>Reynolds</del>	First <del>Kevin</del>	MI	Contribution ID # <del>0140</del>
Residential Street Address <del>71 Sycamore Rd</del>	City <del>West Hartford</del>	State <del>CT</del>	Zip Code <del>06117</del>
Principal Occupation <del>Lobbyist</del>	Name of Employer <del>RSG</del>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <del>01/23/2018</del>	Aggregate Contributions <del>\$200.00-</del>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <del>\$100.00-</del>	

Last Name <del>Ianniello</del>	First <del>Joseph</del>	MI	Contribution ID # <del>0075</del>
Residential Street Address <del>128 Balmforth St</del>	City <del>Bridgeport</del>	State <del>CT</del>	Zip Code <del>06605</del>
Principal Occupation	Name of Employer <del>Retired</del>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <del>01/25/2018</del>	Aggregate Contributions <del>\$200.00-</del>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <del>\$100.00-</del>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Ianniello</b>	First <b>Joseph</b>	MI	Contribution ID # <b>0075</b>
Residential Street Address <b>128 Balmforth St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/25/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>McCarthy</b>	First <b>Matthew</b>	MI	Contribution ID # <b>0104</b>
Residential Street Address <b>29 Harbor Ave .</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Accounting</b>	Name of Employer <b>Marcum LLP</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/27/2018</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Sisee</b>	First <b>Brenda</b>	MI	Contribution ID # <b>0157</b>
Residential Street Address <b>10 Brockway Rd</b>	City <b>Ellington</b>	State <b>CT</b>	Zip Code <b>06029</b>
Principal Occupation <b>Lobbyist</b>	Name of Employer <b>RSG</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/27/2018</b>	Aggregate Contributions <b>\$200.00-</b>
		Amount of Contribution <b>\$100.00-</b>	

Last Name <b>McCarthy</b>	First <b>Matthew</b>	MI	Contribution ID # <b>0104</b>
Residential Street Address <b>29 Harbor Ave .</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Accounting</b>	Name of Employer <b>Marcum LLP</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/27/2018</b>	Aggregate Contributions <b>\$100.00-</b>
		Amount of Contribution <b>\$50.00-</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Sisco</b>	First <b>Brenda</b>	MI	Contribution ID # <b>0157</b>
Residential Street Address <b>10 Brockway Rd</b>	City <b>Ellington</b>	State <b>CT</b>	Zip Code <b>06029</b>
Principal Occupation <b>Lobbyist</b>	Name of Employer <b>RSG</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/27/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>MCCarthy</b>	First <b>Molly</b>	MI	Contribution ID # <b>0106</b>
Residential Street Address <b>639 Canfield Avenue Ext.</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Nurse</b>	Name of Employer <b>Stamford Hospital</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/29/2018</b>	Aggregate Contributions <b>\$20.00</b>
		Amount of Contribution <b>\$10.00</b>	

Last Name <b>Hubler</b>	First <b>Bruce</b>	MI	Contribution ID # <b>0072</b>
Residential Street Address <b>149 Old Battery Rd</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/29/2018</b>	Aggregate Contributions <b>\$200.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>MCCarthy</b>	First <b>Molly</b>	MI	Contribution ID # <b>0106</b>
Residential Street Address <b>639 Canfield Avenue Ext.</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Nurse</b>	Name of Employer <b>Stamford Hospital</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/29/2018</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$10.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Hubler</b>		First <b>Bruce</b>		MI	Contribution ID # <b>0072</b>
Residential Street Address <b>149 Old Battery Rd</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation			Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/29/2018</b>	
If yes, list Event #				Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Hurwitz</b>		First <b>Laura</b>		MI	Contribution ID # <b>0073</b>
Residential Street Address <b>110 Bartram Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Marketing</b>			Name of Employer <b>The Primary</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2018</b>	
If yes, list Event #				Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Hurwitz</b>		First <b>Scott</b>		MI	Contribution ID # <b>0074</b>
Residential Street Address <b>110 Bartram Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Administrator</b>			Name of Employer <b>NPS</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2018</b>	
If yes, list Event #				Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Illingworth</b>		First <b>Herman</b>		MI	Contribution ID # <b>0076</b>
Residential Street Address <b>133 Bronx Ave .</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation			Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2018</b>	
If yes, list Event #				Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Geter</b>	First <b>Wanda</b>	MI	Contribution ID # <b>0058</b>
Residential Street Address <b>63 Burdon St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Admin</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Johnson</b>	First <b>Michael</b>	MI	Contribution ID # <b>0079</b>
Residential Street Address <b>11 Shady Ln</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117</b>
Principal Occupation <b>Lobbyist</b>	Name of Employer <b>Sullivan &amp; Leshane</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Joines</b>	First <b>Jonathan</b>	MI	Contribution ID # <b>0080</b>
Residential Street Address <b>129 Bartram Ave .</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Web Developer</b>	Name of Employer <b>Betteridge Jewellers</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Kabel</b>	First <b>Alanna</b>	MI	Contribution ID # <b>0081</b>
Residential Street Address <b>350 Grovers Ave Unit 11F</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Director</b>	Name of Employer <b>US Dept of Housing &amp; Urban Dev</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Kaskowitz</b>	First <b>Fred</b>	MI	Contribution ID # <b>0083</b>
Residential Street Address <b>530 Lake Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Owner</b>	Name of Employer <b>Woods End Deli</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Keller</b>	First <b>Linda</b>	MI	Contribution ID # <b>0084</b>
Residential Street Address <b>252 Seaside Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Psychotherapist</b>	Name of Employer <b>Linda Keller, LCSW</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Eckerd</b>	First <b>William</b>	MI	Contribution ID # <b>0048</b>
Residential Street Address <b>340 Old Battery Rd</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Psychiatrist</b>	Name of Employer <b>DHMAS</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Farrell</b>	First <b>Christopher</b>	MI	Contribution ID # <b>0049</b>
Residential Street Address <b>15 Ellsworth St .</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>Montstream &amp; May LLP</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$40.00</b>
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$40.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Freddino</b>	First <b>Michael</b>	MI	Contribution ID # <b>0053</b>
Residential Street Address <b>31 Rusling Pl</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Inspector</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Ganim</b>	First <b>Joe</b>	MI	Contribution ID # <b>0055</b>
Residential Street Address <b>36 Monroe St .</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code
Principal Occupation <b>Mayor</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Gray</b>	First <b>Lauren</b>	MI	Contribution ID # <b>0061</b>
Residential Street Address <b>225 Edgemoor Rd .</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation <b>Unemployed</b>	Name of Employer <b>Unemployed</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$20.00</b>
		Amount of Contribution <b>\$20.00</b>	

Last Name <b>Greenberg</b>	First <b>Donald</b>	MI	Contribution ID # <b>0062</b>
Residential Street Address <b>265 Balmforth St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$10.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Greenberg</b>	First <b>Maxine</b>	MI	Contribution ID # <b>0063</b>
Residential Street Address <b>265 Balmforth St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Psychotherapist</b>	Name of Employer <b>Maxine Greenberg Psychotherapist</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$5.00</b>
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Greenwood</b>	First <b>Richard</b>	MI	Contribution ID # <b>0064</b>
Residential Street Address <b>126 Yatch St .</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Finance</b>	Name of Employer <b>RB Birge Co.</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Griggs</b>	First <b>Charles</b>	MI	Contribution ID # <b>0066</b>
Residential Street Address <b>106 Grovers Ave .</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>CEO</b>	Name of Employer <b>Mugshot Beverages</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Hamill</b>	First <b>Maureen</b>	MI	Contribution ID # <b>0067</b>
Residential Street Address <b>530 Lake Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Owner</b>	Name of Employer <b>Hamill Productions</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$20.00</b>
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$20.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>McCarthy</b>		First <b>Mary</b>		MI	Contribution ID # <b>0107</b>
Residential Street Address <b>29 Harbor Ave .</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Marketing</b>			Name of Employer <b>Millward Brown</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$20.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2018</b>	
				Aggregate Contributions <b>\$20.00</b>	

Last Name <b>McCarthy</b>		First <b>Thomas</b>		MI	Contribution ID # <b>0105</b>
Residential Street Address <b>135 Harlem Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation <b>Dep Director Labor Relations</b>			Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$100.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2018</b>	
				Aggregate Contributions <b>\$100.00</b>	

Last Name <b>Meehan</b>		First <b>Allison</b>		MI	Contribution ID # <b>0109</b>
Residential Street Address <b>113 Seaside Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Fianance Mgr</b>			Name of Employer <b>Epsilon Corp</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$25.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2018</b>	
				Aggregate Contributions <b>\$25.00</b>	

Last Name <b>Meehan</b>		First <b>Mary</b>		MI	Contribution ID # <b>0110</b>
Residential Street Address <b>55 Fayerweather Ter</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation			Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$10.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2018</b>	
				Aggregate Contributions <b>\$10.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Meehan</b>	First <b>Michael</b>	MI	Contribution ID # <b>0111</b>
Residential Street Address <b>135 Seaside Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Fire Department</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Mulligan</b>	First <b>Thomas</b>	MI	Contribution ID # <b>0113</b>
Residential Street Address <b>20 Armitage Dr</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>McNamara &amp; Kenney</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Nachem</b>	First <b>Ira</b>	MI	Contribution ID # <b>0114</b>
Residential Street Address <b>155 Brewster St # 5L</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Banker</b>	Name of Employer <b>Amalgamated Bank</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Oburchay</b>	First <b>Jeanine</b>	MI	Contribution ID # <b>0115</b>
Residential Street Address <b>165 Sailor's Ln</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Teacher</b>	Name of Employer <b>Self</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>O'Connor</b>		First <b>Timothy</b>		MI	Contribution ID # <b>0116</b>
Residential Street Address <b>511 Lake Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Retail Analyst</b>			Name of Employer <b>Timothy Oconnor, Retail Analyst</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$50.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2018</b>	
				Aggregate Contributions <b>\$50.00</b>	

Last Name <b>O'Donnell</b>		First <b>Jim</b>		MI	Contribution ID # <b>0117</b>
Residential Street Address <b>505 W McKinley Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Attorney</b>			Name of Employer <b>Odonnell, Mcdonald &amp; Cregeen</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$50.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2018</b>	
				Aggregate Contributions <b>\$50.00</b>	

Last Name <b>O'Malley</b>		First <b>Kevin</b>		MI	Contribution ID # <b>0118</b>
Residential Street Address <b>138 Fayerweather Ter</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>District Manager</b>			Name of Employer <b>Chubb Insurance</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$25.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2018</b>	
				Aggregate Contributions <b>\$25.00</b>	

Last Name <b>O'Malley</b>		First <b>Maura</b>		MI	Contribution ID # <b>0119</b>
Residential Street Address <b>Lake Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Chef</b>			Name of Employer <b>Witson Culinary Group</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$25.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2018</b>	
				Aggregate Contributions <b>\$25.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Pagano</b>		First <b>Celeste</b>		MI	Contribution ID # <b>0120</b>
Residential Street Address <b>56 Livingston St</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation			Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$25.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2018</b>	
If yes, list Event #				Aggregate Contributions <b>\$25.00</b>	

Last Name <b>Paoletto</b>		First <b>Anthony</b>		MI	Contribution ID # <b>0121</b>
Residential Street Address <b>321 Lynne Pl</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06610</b>
Principal Occupation <b>Student</b>			Name of Employer <b>Student</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$5.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2018</b>	
If yes, list Event #				Aggregate Contributions <b>\$5.00</b>	

Last Name <b>Paoletto</b>		First <b>Richard</b>		MI	Contribution ID # <b>0122</b>
Residential Street Address <b>321 Lynne Pl</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06610</b>
Principal Occupation <b>Sewer Inspector</b>			Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$5.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2018</b>	
If yes, list Event #				Aggregate Contributions <b>\$5.00</b>	

Last Name <b>Paoletto</b>		First <b>Sue</b>		MI	Contribution ID # <b>0123</b>
Residential Street Address <b>321 Lynne Pl</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06610</b>
Principal Occupation <b>Secretary</b>			Name of Employer <b>City of Bridgport</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$5.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2018</b>	
If yes, list Event #				Aggregate Contributions <b>\$5.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Paoletto</b>	First <b>Taylor</b>	MI	Contribution ID # <b>0124</b>
Residential Street Address <b>321 Lynne Pl</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06610</b>
Principal Occupation <b>Waitress</b>	Name of Employer <b>Prime 16</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Lewis</b>	First <b>Sarah</b>	MI	Contribution ID # <b>0094</b>
Residential Street Address <b>35 Hartford Ave .</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Manager</b>	Name of Employer <b>The workplace</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$20.00</b>
		Amount of Contribution <b>\$20.00</b>	

Last Name <b>Loulouides</b>	First <b>James</b>	MI	Contribution ID # <b>0095</b>
Residential Street Address <b>40 Harvest Cmns</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>
Principal Occupation <b>Organizer</b>	Name of Employer <b>IBEW LU 3#</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Kelly</b>	First <b>Thomas</b>	MI	Contribution ID # <b>0086</b>
Residential Street Address <b>155 Brewster St # 2H</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Manzo</b>	First <b>Joanne</b>	MI	Contribution ID # <b>0097</b>
Residential Street Address <b>163 Scofield Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Paraprofessional</b>	Name of Employer <b>City of Bridgeport BOE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$20.00</b>
		Amount of Contribution <b>\$20.00</b>	

Last Name <b>Mazzoni</b>	First <b>Wayne</b>	MI	Contribution ID # <b>0102</b>
Residential Street Address <b>287 Courtland Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Coach</b>	Name of Employer <b>Maze Marketing</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$10.00</b>	

Last Name <b>McCarthy</b>	First <b>Kathleen</b>	MI	Contribution ID # <b>0103</b>
Residential Street Address <b>41 Clarkson St .</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>RN</b>	Name of Employer <b>Bridgeport Hospital</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Smith</b>	First <b>Kathleen</b>	MI	Contribution ID # <b>0150</b>
Residential Street Address <b>65 Brooklawn Pl</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Wine Buyer</b>	Name of Employer <b>Castle Wine &amp; Spirits</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$50.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Smith</b>	First <b>Michael</b>	MI	Contribution ID # <b>0159</b>
Residential Street Address <b>65 Brooklawn Pl</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>Global Jet Capital Inc.</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00-</b>	

Last Name <b>Soltis</b>	First <b>John</b>	MI	Contribution ID # <b>0160</b>
Residential Street Address <b>93 Ellsworth St # 210</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Librarian</b>	Name of Employer <b>Bridgeport Public Library</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00-</b>	

Last Name <b>Stram</b>	First <b>Jessica</b>	MI	Contribution ID # <b>0163</b>
Residential Street Address <b>33 Railroad Ave # 15</b>	City <b>Milford</b>	State <b>CT</b>	Zip Code <b>06460</b>
Principal Occupation <b>Government Affairs</b>	Name of Employer <b>Target Corp</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00-</b>	

Last Name <b>Swain</b>	First <b>Patricia</b>	MI	Contribution ID # <b>0164</b>
Residential Street Address <b>500 Cleveland Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Manager</b>	Name of Employer <b>Robert A. Cardillo</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$25.00-</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Sachs</b>	First <b>Stuart</b>	MI	Contribution ID # <b>0148</b>
Residential Street Address <b>120 Quinlan Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Landscape</b>	Name of Employer <b>Stuart Sachs</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00-</b> <b>\$50.00-</b>

Last Name <b>Santa</b>	First <b>Elizabeth</b>	MI	Contribution ID # <b>0149</b>
Residential Street Address <b>511 Lake Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Interior Design</b>	Name of Employer <b>Elizabeth Santa</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00-</b> <b>\$50.00-</b>

Last Name <b>Schemansky</b>	First <b>Irvin</b>	MI	Contribution ID # <b>0150</b>
Residential Street Address <b>67 Harborview Pl</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>ADD Assistant</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00-</b> <b>\$50.00-</b>

Last Name <b>Schemansky</b>	First <b>Robin</b>	MI	Contribution ID # <b>0151</b>
Residential Street Address <b>67 Harborview Pl</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Teacher</b>	Name of Employer <b>Town of Greenwich</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00-</b> <b>\$50.00-</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Scinto</b>	First <b>Dennis</b>	MI	Contribution ID # <b>0153</b>
Residential Street Address <b>141 Madison Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation <b>Code Enforcement</b>	Name of Employer <b>City Of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$60.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$30.00-</b>	

Last Name <b>Seperak</b>	First <b>Andrew</b>	MI	Contribution ID # <b>0154</b>
Residential Street Address <b>235 Grovers</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>EPA</b>	Name of Employer <b>Seperak &amp; Co</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00-</b>	

Last Name <b>Shaw</b>	First <b>Shayvana</b>	MI	Contribution ID # <b>0155</b>
Residential Street Address <b>451 Bird St # B8 Apt. 106</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$40.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$20.00-</b>	

Last Name <b>Silvestre</b>	First <b>Brian</b>	MI	Contribution ID # <b>0156</b>
Residential Street Address <b>155 Brewster St # 5N</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>Brody Wilkinson</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$25.00-</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Thompson</b>	First <b>Vernon</b>	MI	Contribution ID # <b>0167</b>
Residential Street Address <b>2370 North Ave Unit 6F</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Educator</b>	Name of Employer <b>Bridgeport-BOE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$40.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$20.00-</b>	

Last Name <b>Blagys</b>	First <b>David</b>	MI	Contribution ID # <b>0006</b>
Residential Street Address <b>68 Bywater Ln</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Ececutive Driector</b>	Name of Employer <b>Wakeman Memorial Inc</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$25.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Brannelly</b>	First <b>Susan</b>	MI	Contribution ID # <b>0007</b>
Residential Street Address <b>520 Lake Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Nurse</b>	Name of Employer <b>Option Care</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Brown</b>	First <b>Theresa</b>	MI	Contribution ID # <b>0009</b>
Residential Street Address <b>245 Sailor's Ln</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Brown</b>	First <b>Mary</b>	MI	Contribution ID # <b>0010</b>
Residential Street Address <b>245 Sailor's Ln</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <del>Turner</del>	First <del>Aaron</del>	MI	Contribution ID # <del>0169</del>
Residential Street Address <del>275 Palisade Ave Apt 35</del>	City <del>Bridgeport</del>	State <del>CT</del>	Zip Code <del>06610</del>
Principal Occupation <del>Legislative Aid</del>	Name of Employer <del>CT General Assembly</del>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <del>01/31/2018</del>	Aggregate Contributions <del>\$20.00</del>
		Amount of Contribution <del>\$10.00</del>	

Last Name <del>Vickers</del>	First <del>Constance</del>	MI	Contribution ID # <del>0170</del>
Residential Street Address <del>35 Hanford Ave.</del>	City <del>Bridgeport</del>	State <del>CT</del>	Zip Code <del>06605</del>
Principal Occupation <del>Alumni Affairs</del>	Name of Employer <del>HCC</del>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <del>01/31/2018</del>	Aggregate Contributions <del>\$50.00</del>
		Amount of Contribution <del>\$25.00</del>	

Last Name <del>Weldon</del>	First <del>John</del>	MI	Contribution ID # <del>0171</del>
Residential Street Address <del>164 Seaside Ave.</del>	City <del>Bridgeport</del>	State <del>CT</del>	Zip Code <del>06604</del>
Principal Occupation <del>Contractor</del>	Name of Employer <del>Triborough Bridge Tunnel</del>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <del>01/31/2018</del>	Aggregate Contributions <del>\$50.00</del>
		Amount of Contribution <del>\$25.00</del>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Albert</b>	First <b>June</b>	MI	Contribution ID # <b>0001</b>
Residential Street Address <b>56 Livingston St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Tax Accountant</b>	Name of Employer <b>Eisneramper, LLP</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$25.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Apgar</b>	First <b>Jane</b>	MI	Contribution ID # <b>0002</b>
Residential Street Address <b>126 Yacht St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Data Analyst</b>	Name of Employer <b>City of Bridgeport BOE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$5.00</b>
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Arluck</b>	First <b>Elliot</b>	MI	Contribution ID # <b>0003</b>
Residential Street Address <b>239 Fox St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Travel Agent</b>	Name of Employer <b>Carson Wagonlit Travel</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Auerbach</b>	First <b>Steven</b>	MI	Contribution ID # <b>0004</b>
Residential Street Address <b>151 Kennedy Dr</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation <b>Permit</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$5.00</b>
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Calaway</b>		First <b>Betty</b>		MI	Contribution ID # <b>0021</b>
Residential Street Address <b>82 Harborview Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Administrator</b>			Name of Employer <b>Brody Wilkinson, PC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$25.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2018</b>	
				Aggregate Contributions <b>\$25.00</b>	

Last Name <b>Cassidy</b>		First <b>Nicole</b>		MI	Contribution ID # <b>0022</b>
Residential Street Address <b>49 Fayerweather Ter</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Development Admin</b>			Name of Employer <b>Americares</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$25.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2018</b>	
				Aggregate Contributions <b>\$25.00</b>	

Last Name <b>Cassidy</b>		First <b>Stephen</b>		MI	Contribution ID # <b>0023</b>
Residential Street Address <b>49 Fayerweather Ter</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Principal</b>			Name of Employer <b>Bridgeport BOE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$25.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2018</b>	
				Aggregate Contributions <b>\$25.00</b>	

Last Name <b>Cassidy</b>		First <b>Kevin</b>		MI	Contribution ID # <b>0024</b>
Residential Street Address <b>245 Ellsworth St</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Professor</b>			Name of Employer <b>Fairfield University</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$100.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2018</b>	
				Aggregate Contributions <b>\$100.00</b>	



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Cassidy</b>	First <b>Edie</b>	MI	Contribution ID # <b>0025</b>
Residential Street Address <b>245 Ellsworth St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Yoga Instructor</b>	Name of Employer <b>Self</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Castro</b>	First <b>Lisa</b>	MI	Contribution ID # <b>0026</b>
Residential Street Address <b>355 Brewster St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Marketing Manafger</b>	Name of Employer <b>Subway Franchise HQ</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Cline</b>	First <b>Joy</b>	MI	Contribution ID # <b>0027</b>
Residential Street Address <b>261 Grovers Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Executive Director</b>	Name of Employer <b>Gibney, Anthony Flaherty</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Coleman</b>	First <b>Brittany</b>	MI	Contribution ID # <b>0028</b>
Residential Street Address <b>129 Bartram Ave .</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Director of Operations</b>	Name of Employer <b>Faith Acts for Education</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Collins</b>	First <b>Amy</b>	MI	Contribution ID # <b>0029</b>
Residential Street Address <b>74 Fayerweather Ter</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Taecher</b>	Name of Employer <b>City of Bridgeport, BOE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$20.00</b>
		Amount of Contribution <b>\$20.00</b>	

Last Name <b>Collins</b>	First <b>James</b>	MI	Contribution ID # <b>0030</b>
Residential Street Address <b>74 Fayerweather Ter</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Sales</b>	Name of Employer <b>Connecticut Distributors</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$20.00</b>
		Amount of Contribution <b>\$20.00</b>	

Last Name <b>Collins</b>	First <b>Thomas</b>	MI	Contribution ID # <b>0031</b>
Residential Street Address <b>3200 Park Ave # 7A-2</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Collins</b>	First <b>John</b>	MI	Contribution ID # <b>0032</b>
Residential Street Address <b>271 Sailor's Ln</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Pharmacist</b>	Name of Employer <b>Collins Medical Equipment</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Collins</b>	First <b>Catherine</b>	MI	Contribution ID # <b>0033</b>
Residential Street Address <b>271 Sailor's Ln</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Bookkeeper</b>	Name of Employer <b>Collins Medical Equipment</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Bukovsky</b>	First <b>Greg</b>	MI	Contribution ID # <b>0013</b>
Residential Street Address <b>54 Seaside Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Parking Enforcement</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Bukovsky</b>	First <b>Kathryn</b>	MI	Contribution ID # <b>0014</b>
Residential Street Address <b>54 Seaside Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Sales Rep</b>	Name of Employer <b>Dun &amp; Bradstreet</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Bukovsky</b>	First <b>Daniel</b>	MI	Contribution ID # <b>0015</b>
Residential Street Address <b>54 Seaside Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Student</b>	Name of Employer <b>Student</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Burns</b>	First <b>Colin</b>	MI	Contribution ID # <b>0016</b>
Residential Street Address <b>29 Eams Blvd</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Student</b>	Name of Employer <b>Stedent</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>
		Aggregate Contributions <b>\$50.00</b>	Amount of Contribution <b>\$50.00</b>

Last Name <b>Burns</b>	First <b>Scott</b>	MI	Contribution ID # <b>0017</b>
Residential Street Address <b>29 Eames Blvd</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Coach</b>	Name of Employer <b>Westport BOE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>
		Aggregate Contributions <b>\$50.00</b>	Amount of Contribution <b>\$50.00</b>

Last Name <b>Burns</b>	First <b>Claire</b>	MI	Contribution ID # <b>0018</b>
Residential Street Address <b>29 Eames Blvd</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Executive</b>	Name of Employer <b>MetLife</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>
		Aggregate Contributions <b>\$50.00</b>	Amount of Contribution <b>\$50.00</b>

Last Name <b>Burns-Howard</b>	First <b>Brad</b>	MI	Contribution ID # <b>0019</b>
Residential Street Address <b>184 Harborview Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>
		Aggregate Contributions <b>\$50.00</b>	Amount of Contribution <b>\$50.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Crossin</b>		First <b>Maura</b>		MI	Contribution ID # <b>0038</b>
Residential Street Address <b>331 Lake Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Attorney</b>			Name of Employer <b>VRCT</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2018</b>	
If yes, list Event #				Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Crossin</b>		First <b>Margaret</b>		MI	Contribution ID # <b>0039</b>
Residential Street Address <b>331 Lake Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Nurse liaison</b>			Name of Employer <b>Option Care</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2018</b>	
If yes, list Event #				Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Denunzio</b>		First <b>Troy</b>		MI	Contribution ID # <b>0041</b>
Residential Street Address <b>445 Nash Ln</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Escrow Officer</b>			Name of Employer <b>Statewide</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2018</b>	
If yes, list Event #				Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Diaz</b>		First <b>Alexis</b>		MI	Contribution ID # <b>0044</b>
Residential Street Address <b>179 Gilman St .</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation			Name of Employer <b>Unemployed</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2018</b>	
If yes, list Event #				Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Hurwitz</b>	First <b>Laura</b>	MI	Contribution ID # <b>0073</b>
Residential Street Address <b>110 Bartram Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Marketing</b>	Name of Employer <b>The Primary</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00-</b>	

Last Name <b>Hurwitz</b>	First <b>Scott</b>	MI	Contribution ID # <b>0074</b>
Residential Street Address <b>110 Bartram Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Administrator</b>	Name of Employer <b>NPS</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$25.00-</b>	

Last Name <b>Griggs</b>	First <b>Charles</b>	MI	Contribution ID # <b>0066</b>
Residential Street Address <b>106 Grovers Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>CEO</b>	Name of Employer <b>Mugshot Beverages</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$200.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00-</b>	

Last Name <b>Hamill</b>	First <b>Maureen</b>	MI	Contribution ID # <b>0067</b>
Residential Street Address <b>530 Lake Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Owner</b>	Name of Employer <b>Hamill Productions</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$40.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$20.00-</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Ganim</b>	First <b>Joe</b>	MI	Contribution ID # <b>0055</b>
Residential Street Address <b>36 Monroe St.</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code
Principal Occupation <b>Mayer</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00-</b> <b>\$50.00-</b>

Last Name <b>Geter</b>	First <b>Wanda</b>	MI	Contribution ID # <b>0058</b>
Residential Street Address <b>63 Burdon St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Admin</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00-</b> <b>\$25.00-</b>

Last Name <b>Gray</b>	First <b>Lauren</b>	MI	Contribution ID # <b>0061</b>
Residential Street Address <b>225 Edgemoor Rd.</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation <b>Unemployed</b>	Name of Employer <b>Unemployed</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$40.00-</b> <b>\$20.00-</b>

Last Name <b>Greenberg</b>	First <b>Donald</b>	MI	Contribution ID # <b>0062</b>
Residential Street Address <b>265 Balmforth St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$20.00-</b> <b>\$10.00-</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Greenberg</b>	First <b>Maxine</b>	MI	Contribution ID # <b>0063</b>
Residential Street Address <b>265 Balmforth St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Psychotherapist</b>	Name of Employer <b>Maxine Greenberg Psychotherapist</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$10.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00-</b>	

Last Name <b>Greenwood</b>	First <b>Richard</b>	MI	Contribution ID # <b>0064</b>
Residential Street Address <b>126 Yatch St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Finance</b>	Name of Employer <b>RB Birge Co.</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$200.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00-</b>	

Last Name <b>Blagys</b>	First <b>David</b>	MI	Contribution ID # <b>0006</b>
Residential Street Address <b>68 Bywater Ln</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Executive Director</b>	Name of Employer <b>Wakeman Memorial Inc</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$25.00-</b>	

Last Name <b>Brannelly</b>	First <b>Susan</b>	MI	Contribution ID # <b>0007</b>
Residential Street Address <b>520 Lake Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Nurse</b>	Name of Employer <b>Option Care</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$200.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00-</b>	



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Crossin</b>	First <b>Maura</b>	MI	Contribution ID # <b>0038</b>
Residential Street Address <b>331 Lake Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>VRCCT</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$25.00-</b>	

Last Name <b>Crossin</b>	First <b>Margaret</b>	MI	Contribution ID # <b>0039</b>
Residential Street Address <b>331 Lake Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Nurse liaison</b>	Name of Employer <b>Option Care</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00-</b>	

Last Name <b>Denunzio</b>	First <b>Trey</b>	MI	Contribution ID # <b>0041</b>
Residential Street Address <b>445 Nash Ln</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Escrow Officer</b>	Name of Employer <b>Statewide</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$40.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$20.00-</b>	

Last Name <b>Diaz</b>	First <b>Alexis</b>	MI	Contribution ID # <b>0044</b>
Residential Street Address <b>179 Gilman St.</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation	Name of Employer <b>Unemployed</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$20.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$10.00-</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Eckerd</b>	First <b>William</b>	MI	Contribution ID # <b>0048</b>
Residential Street Address <b>340 Old Battery Rd</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Psychiatrist</b>	Name of Employer <b>DHMAS</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$200.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00-</b>	

Last Name <b>Farrell</b>	First <b>Christopher</b>	MI	Contribution ID # <b>0049</b>
Residential Street Address <b>15 Ellsworth St.</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>Montstream &amp; May LLP</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$80.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$40.00-</b>	

Last Name <b>Freddine</b>	First <b>Michael</b>	MI	Contribution ID # <b>0053</b>
Residential Street Address <b>31 Rusling Pl</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Inspector</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$25.00-</b>	

Last Name <b>Albert</b>	First <b>June</b>	MI	Contribution ID # <b>0001</b>
Residential Street Address <b>56 Livingston St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Tax Accountant</b>	Name of Employer <b>Eisneramper, LLP</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$25.00-</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Apgar</b>	First <b>Jane</b>	MI	Contribution ID # <b>0002</b>
Residential Street Address <b>126 Yacht St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Data Analyst</b>	Name of Employer <b>City of Bridgeport BOE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$10.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00-</b>	

Last Name <b>Arluck</b>	First <b>Elliot</b>	MI	Contribution ID # <b>0003</b>
Residential Street Address <b>239 Fox St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Travel Agent</b>	Name of Employer <b>Carson Wagonlit Travel</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00-</b>	

Last Name <b>Auerbach</b>	First <b>Steven</b>	MI	Contribution ID # <b>0004</b>
Residential Street Address <b>151 Kennedy Dr</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation <b>Permit</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$10.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00-</b>	

Last Name <b>Brown</b>	First <b>Theresa</b>	MI	Contribution ID # <b>0009</b>
Residential Street Address <b>245 Sailor's Ln</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00-</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Brown</b>	First <b>Mary</b>	MI	Contribution ID # <b>0010</b>
Residential Street Address <b>245 Sailor's Ln</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution <b>\$25.00-</b>
		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00-</b>

Last Name <b>Bukovsky</b>	First <b>Greg</b>	MI	Contribution ID # <b>0013</b>
Residential Street Address <b>54 Seaside Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Parking Enforcement</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution <b>\$25.00-</b>
		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00-</b>

Last Name <b>Bukovsky</b>	First <b>Kathryn</b>	MI	Contribution ID # <b>0014</b>
Residential Street Address <b>54 Seaside Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Sales Rep</b>	Name of Employer <b>Dun &amp; Bradstreet</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution <b>\$25.00-</b>
		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00-</b>

Last Name <b>Bukovsky</b>	First <b>Daniel</b>	MI	Contribution ID # <b>0015</b>
Residential Street Address <b>54 Seaside Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Student</b>	Name of Employer <b>Student</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution <b>\$25.00-</b>
		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00-</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Burns</b>	First <b>Colin</b>	MI	Contribution ID # <b>0016</b>
Residential Street Address <b>29 Eams Blvd</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Student</b>	Name of Employer <b>Stedent</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00-</b>	

Last Name <b>Burns</b>	First <b>Scott</b>	MI	Contribution ID # <b>0017</b>
Residential Street Address <b>29 Eames Blvd</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Coach</b>	Name of Employer <b>Westport BOE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00-</b>	

Last Name <b>Burns</b>	First <b>Claire</b>	MI	Contribution ID # <b>0018</b>
Residential Street Address <b>29 Eames Blvd</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Executive</b>	Name of Employer <b>MetLife</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00-</b>	

Last Name <b>Burns Howard</b>	First <b>Brad</b>	MI	Contribution ID # <b>0019</b>
Residential Street Address <b>184 Harborview Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00-</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Galaway</b>	First <b>Betty</b>	MI	Contribution ID # <b>0021</b>
Residential Street Address <b>82 Harborview Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Administrator</b>	Name of Employer <b>Brody Wilkinson, PC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$25.00-</b>	

Last Name <b>Cassidy</b>	First <b>Nicole</b>	MI	Contribution ID # <b>0022</b>
Residential Street Address <b>49 Fayerweather Ter</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Development Admin</b>	Name of Employer <b>Americares</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$25.00-</b>	

Last Name <b>Cassidy</b>	First <b>Stephen</b>	MI	Contribution ID # <b>0023</b>
Residential Street Address <b>49 Fayerweather Ter</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Principal</b>	Name of Employer <b>Bridgeport BOE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$25.00-</b>	

Last Name <b>Cassidy</b>	First <b>Kevin</b>	MI	Contribution ID # <b>0024</b>
Residential Street Address <b>245 Ellsworth St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Professor</b>	Name of Employer <b>Fairfield University</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$200.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00-</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Cassidy</b>	First <b>Edie</b>	MI	Contribution ID # <b>0025</b>
Residential Street Address <b>245 Ellsworth St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Yoga Instructor</b>	Name of Employer <b>Self</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$200.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00-</b>	

Last Name <b>Castro</b>	First <b>Lisa</b>	MI	Contribution ID # <b>0026</b>
Residential Street Address <b>355 Brewster St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Marketing Manager</b>	Name of Employer <b>Subway Franchise HQ</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$10.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00-</b>	

Last Name <b>Cline</b>	First <b>Joy</b>	MI	Contribution ID # <b>0027</b>
Residential Street Address <b>261 Grovers Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Executive Director</b>	Name of Employer <b>Gibney, Anthony Flaherty</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00-</b>	

Last Name <b>Coleman</b>	First <b>Brittany</b>	MI	Contribution ID # <b>0028</b>
Residential Street Address <b>129 Bartram Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Director of Operations</b>	Name of Employer <b>Faith Acts for Education</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$200.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00-</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Collins</b>	First <b>Amy</b>	MI	Contribution ID # <b>0029</b>
Residential Street Address <b>74 Fayerweather Ter</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Teacher</b>	Name of Employer <b>City of Bridgeport, BOE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$40.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$20.00-</b>	

Last Name <b>Collins</b>	First <b>James</b>	MI	Contribution ID # <b>0030</b>
Residential Street Address <b>74 Fayerweather Ter</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Sales</b>	Name of Employer <b>Connecticut Distributors</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$40.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$20.00-</b>	

Last Name <b>Collins</b>	First <b>Thomas</b>	MI	Contribution ID # <b>0031</b>
Residential Street Address <b>3200 Park Ave # 7A-2</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$25.00-</b>	

Last Name <b>Collins</b>	First <b>John</b>	MI	Contribution ID # <b>0032</b>
Residential Street Address <b>271 Sailor's Ln</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Pharmacist</b>	Name of Employer <b>Collins Medical Equipment</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00-</b>	



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Collins</b>	First <b>Catherine</b>	MI	Contribution ID # <b>0033</b>
Residential Street Address <b>271 Sailor's Ln</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Bookkeeper</b>	Name of Employer <b>Collins Medical Equipment</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>
		Aggregate Contributions <b>\$100.00-</b>	Amount of Contribution <b>\$50.00-</b>

Last Name <b>McCarthy</b>	First <b>Mary</b>	MI	Contribution ID # <b>0107</b>
Residential Street Address <b>29 Harbor Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Marketing</b>	Name of Employer <b>Millward Brown</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>
		Aggregate Contributions <b>\$40.00-</b>	Amount of Contribution <b>\$20.00-</b>

Last Name <b>Parrow</b>	First <b>Joshua</b>	MI	Contribution ID # <b>0129</b>
Residential Street Address <b>378 Atlantic St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Assistant Director of Development</b>	Name of Employer <b>University of Bpt</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>
		Aggregate Contributions <b>\$20.00-</b>	Amount of Contribution <b>\$10.00-</b>

Last Name <b>Patton</b>	First <b>Marcie</b>	MI	Contribution ID # <b>0130</b>
Residential Street Address <b>309 Courtland Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Professor</b>	Name of Employer <b>Fairfield University</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>
		Aggregate Contributions <b>\$200.00-</b>	Amount of Contribution <b>\$100.00-</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Phillips</b>	First <b>Jesse</b>	MI	Contribution ID # <b>0136</b>
Residential Street Address <b>517 Shelton Ave # 2FL</b>	City <b>Hamden</b>	State <b>CT</b>	Zip Code <b>06517</b>
Principal Occupation <b>Consultant</b>	Name of Employer <b>Faith Acts for Education</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$140.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$70.00-</b>	

Last Name <b>Phillips</b>	First <b>Erin</b>	MI	Contribution ID # <b>0137</b>
Residential Street Address <b>56 Woodridge Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Lobbyist</b>	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$40.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$20.00-</b>	

Last Name <b>Pinciare</b>	First <b>Ronald</b>	MI	Contribution ID # <b>0138</b>
Residential Street Address <b>72 Arthur St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Lobbyist</b>	Name of Employer <b>CT Against Gun Violence</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00-</b>	

Last Name <b>Mulligan</b>	First <b>Thomas</b>	MI	Contribution ID # <b>0113</b>
Residential Street Address <b>20 Armitage Dr</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>McNamara &amp; Kenney</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$200.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00-</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Nachem</b>	First <b>Ira</b>	MI	Contribution ID # <b>0114</b>
Residential Street Address <b>155 Brewster St # 5L</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Banker</b>	Name of Employer <b>Amalgamated Bank</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$200.00-</b> <b>\$100.00-</b>

Last Name <b>Oburchay</b>	First <b>Jeanine</b>	MI	Contribution ID # <b>0115</b>
Residential Street Address <b>165 Sailor's Ln</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Teacher</b>	Name of Employer <b>Self</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00-</b> <b>\$25.00-</b>

Last Name <b>O'Connor</b>	First <b>Timothy</b>	MI	Contribution ID # <b>0116</b>
Residential Street Address <b>511 Lake Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Retail Analyst</b>	Name of Employer <b>Timothy Oconnor, Retail Analyst</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00-</b> <b>\$50.00-</b>

Last Name <b>O'Donnell</b>	First <b>Jim</b>	MI	Contribution ID # <b>0117</b>
Residential Street Address <b>505 W McKinley Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>O'Donnell, McDonald &amp; Cregeen</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00-</b> <b>\$50.00-</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>O'Malley</b>	First <b>Kevin</b>	MI	Contribution ID # <b>0118</b>
Residential Street Address <b>138 Fayerweather Ter</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>District Manager</b>	Name of Employer <b>Chubb Insurance</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00-</b> <b>\$25.00-</b>

Last Name <b>O'Malley</b>	First <b>Maura</b>	MI	Contribution ID # <b>0119</b>
Residential Street Address <b>Lake Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Chef</b>	Name of Employer <b>Witson Culinary Group</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00-</b> <b>\$25.00-</b>

Last Name <b>Pagano</b>	First <b>Celeste</b>	MI	Contribution ID # <b>0120</b>
Residential Street Address <b>56 Livingston St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00-</b> <b>\$25.00-</b>

Last Name <b>Paoletto</b>	First <b>Anthony</b>	MI	Contribution ID # <b>0121</b>
Residential Street Address <b>321 Lynne Pl</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06610</b>
Principal Occupation <b>Student</b>	Name of Employer <b>Student</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$10.00-</b> <b>\$5.00-</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Paoletto</b>	First <b>Richard</b>	MI	Contribution ID # <b>0122</b>
Residential Street Address <b>321 Lynne Pl</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06610</b>
Principal Occupation <b>Sewer Inspector</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$10.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00-</b>	

Last Name <b>Paoletto</b>	First <b>Sue</b>	MI	Contribution ID # <b>0123</b>
Residential Street Address <b>321 Lynne Pl</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06610</b>
Principal Occupation <b>Secretary</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$10.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00-</b>	

Last Name <b>Paoletto</b>	First <b>Taylor</b>	MI	Contribution ID # <b>0124</b>
Residential Street Address <b>321 Lynne Pl</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06610</b>
Principal Occupation <b>Waitress</b>	Name of Employer <b>Prime 16</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$10.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00-</b>	

Last Name <b>McCarthy</b>	First <b>Thomas</b>	MI	Contribution ID # <b>0105</b>
Residential Street Address <b>135 Harlem Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation <b>Dep Director Labor Relations</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$200.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00-</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Mazzoni</b>	First <b>Wayne</b>	MI	Contribution ID # <b>0102</b>
Residential Street Address <b>287 Courtland Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Coach</b>	Name of Employer <b>Maze Marketing</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$20.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$10.00-</b>	

Last Name <b>McCarthy</b>	First <b>Kathleen</b>	MI	Contribution ID # <b>0103</b>
Residential Street Address <b>41 Clarkson St.</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>RN</b>	Name of Employer <b>Bridgeport Hospital</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$10.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00-</b>	

Last Name <b>Meehan</b>	First <b>Allison</b>	MI	Contribution ID # <b>0109</b>
Residential Street Address <b>113 Seaside Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Finance Mgr</b>	Name of Employer <b>Epsilon Corp</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$25.00-</b>	

Last Name <b>Meehan</b>	First <b>Mary</b>	MI	Contribution ID # <b>0110</b>
Residential Street Address <b>55 Fayerweather Ter</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$20.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$10.00-</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Meehan</b>	First <b>Michael</b>	MI	Contribution ID # <b>0111</b>
Residential Street Address <b>135 Seaside Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Fire Department</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00-</b> <b>\$50.00-</b>

Last Name <b>Lewis</b>	First <b>Sarah</b>	MI	Contribution ID # <b>0094</b>
Residential Street Address <b>35 Hartford Ave.</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Manager</b>	Name of Employer <b>The workplace</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$40.00-</b> <b>\$20.00-</b>

Last Name <b>Loulouides</b>	First <b>James</b>	MI	Contribution ID # <b>0095</b>
Residential Street Address <b>40 Harvest Cms</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>
Principal Occupation <b>Organizer</b>	Name of Employer <b>IBEW LU 3#</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00-</b> <b>\$50.00-</b>

Last Name <b>Manzo</b>	First <b>Jeanne</b>	MI	Contribution ID # <b>0097</b>
Residential Street Address <b>163 Scofield Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Paraprofessional</b>	Name of Employer <b>City of Bridgeport BOE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$40.00-</b> <b>\$20.00-</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Hillingworth</b>	First <b>Herman</b>	MI	Contribution ID # <b>0076</b>
Residential Street Address <b>133 Bronx Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution <b>\$20.00-</b>
		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$40.00-</b>

Last Name <b>Johnson</b>	First <b>Michael</b>	MI	Contribution ID # <b>0079</b>
Residential Street Address <b>11 Shady Ln</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117</b>
Principal Occupation <b>Lobbyist</b>	Name of Employer <b>Sullivan &amp; Leshane</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution <b>\$50.00-</b>
		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00-</b>

Last Name <b>Joines</b>	First <b>Jonathan</b>	MI	Contribution ID # <b>0080</b>
Residential Street Address <b>129 Bartram Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Web Developer</b>	Name of Employer <b>Betteridge Jewelers</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution <b>\$100.00-</b>
		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$200.00-</b>

Last Name <b>Kabel</b>	First <b>Alanna</b>	MI	Contribution ID # <b>0081</b>
Residential Street Address <b>350 Grovers Ave Unit 11F</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Director</b>	Name of Employer <b>US Dept of Housing &amp; Urban Dev</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution <b>\$25.00-</b>
		Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00-</b>



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Kelly</b>	First <b>Thomas</b>	MI	Contribution ID # <b>0086</b>
Residential Street Address <b>155 Brewster St # 2H</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00-</b> <b>\$25.00-</b>

Last Name <b>Kaskowitz</b>	First <b>Fred</b>	MI	Contribution ID # <b>0083</b>
Residential Street Address <b>530 Lake Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Owner</b>	Name of Employer <b>Woods End Deli</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00-</b> <b>\$50.00-</b>

Last Name <b>Keller</b>	First <b>Linda</b>	MI	Contribution ID # <b>0084</b>
Residential Street Address <b>252 Seaside Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Psychotherapist</b>	Name of Employer <b>Linda Keller, LCSW</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$100.00-</b> <b>\$50.00-</b>

Last Name <b>Smith</b>	First <b>Kathleen</b>	MI	Contribution ID # <b>0158</b>
Residential Street Address <b>65 Brooklawn Pl</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Wine Buyer</b>	Name of Employer <b>Castle Wine &amp; Spirits</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00</b> <b>\$50.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Smith</b>	First <b>Michael</b>	MI	Contribution ID # <b>0159</b>
Residential Street Address <b>65 Brooklawn Pl</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>Global Jet Capital Inc.</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Soltis</b>	First <b>John</b>	MI	Contribution ID # <b>0160</b>
Residential Street Address <b>93 Ellsworth St # 210</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Librarian</b>	Name of Employer <b>Bridgeport Public Library</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Stram</b>	First <b>Jessica</b>	MI	Contribution ID # <b>0163</b>
Residential Street Address <b>33 Railroad Ave # 15</b>	City <b>Milford</b>	State <b>CT</b>	Zip Code <b>06460</b>
Principal Occupation <b>Government Affairs</b>	Name of Employer <b>Target Corp</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Swain</b>	First <b>Patricia</b>	MI	Contribution ID # <b>0164</b>
Residential Street Address <b>500 Cleveland Ave .</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Manager</b>	Name of Employer <b>Robert A. Cardillo</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Russell</b>	First <b>Erin</b>	MI	Contribution ID # <b>0137</b>
Residential Street Address <b>56 Woodridge Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Lobbyist</b>	Name of Employer <b>Erin Russell</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$20.00</b>
		Amount of Contribution <b>\$20.00</b>	

Last Name <b>Sachs</b>	First <b>Stuart</b>	MI	Contribution ID # <b>0148</b>
Residential Street Address <b>120 Quinlan Ave .</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Landscape</b>	Name of Employer <b>Stuart Sachs</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Santa</b>	First <b>Elizabeth</b>	MI	Contribution ID # <b>0149</b>
Residential Street Address <b>511 Lake Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Interior Design</b>	Name of Employer <b>Elizabeth Santa</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Schemansky</b>	First <b>Irvin</b>	MI	Contribution ID # <b>0150</b>
Residential Street Address <b>67 Harborview Pl</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>ADD Assistant</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Schemansky</b>	First <b>Robin</b>	MI	Contribution ID # <b>0151</b>
Residential Street Address <b>67 Harborview Pl</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Teacher</b>	Name of Employer <b>Town of Greenwich</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Scinto</b>	First <b>Dennis</b>	MI	Contribution ID # <b>0153</b>
Residential Street Address <b>141 Madison Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation <b>Code Enforcement</b>	Name of Employer <b>City OF Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$30.00</b>
		Amount of Contribution <b>\$30.00</b>	

Last Name <b>Seperak</b>	First <b>Andrew</b>	MI	Contribution ID # <b>0154</b>
Residential Street Address <b>235 Grovers</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>CPA</b>	Name of Employer <b>Seperak &amp; Co</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Shaw</b>	First <b>Shaquana</b>	MI	Contribution ID # <b>0155</b>
Residential Street Address <b>451 Bird St # B8 Apt. 106</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$20.00</b>
		Amount of Contribution <b>\$20.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Silvestro</b>	First <b>Brian</b>	MI	Contribution ID # <b>0156</b>
Residential Street Address <b>155 Brewster St # 5N</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>Brody Wilkinson</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Phillips</b>	First <b>Jesse</b>	MI	Contribution ID # <b>0136</b>
Residential Street Address <b>517 Shelton Ave # 2FL</b>	City <b>Hamden</b>	State <b>CT</b>	Zip Code <b>06517</b>
Principal Occupation <b>Consultant</b>	Name of Employer <b>Faith Acts for Education</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$70.00</b>
		Amount of Contribution <b>\$70.00</b>	

Last Name <b>Pinciaro</b>	First <b>Ronald</b>	MI	Contribution ID # <b>0138</b>
Residential Street Address <b>72 Arthur St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Lobbyist</b>	Name of Employer <b>CT Against Gun Violence</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Parrow</b>	First <b>Joshua</b>	MI	Contribution ID # <b>0129</b>
Residential Street Address <b>378 Atlantic St .</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Assistant Director of Development</b>	Name of Employer <b>University of Bpt</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$10.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Patton</b>		First <b>Marcie</b>		MI	Contribution ID # <b>0130</b>
Residential Street Address <b>309 Courtland Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Professor</b>			Name of Employer <b>Fairfield University</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$100.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2018</b>	
				Aggregate Contributions <b>\$100.00</b>	

Last Name <b>Thompson</b>		First <b>Vernon</b>		MI	Contribution ID # <b>0167</b>
Residential Street Address <b>2370 North Ave Unit 6F</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Educator</b>			Name of Employer <b>Bridgeport BOE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$20.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2018</b>	
				Aggregate Contributions <b>\$20.00</b>	

Last Name <b>Turner</b>		First <b>Aaron</b>		MI	Contribution ID # <b>0169</b>
Residential Street Address <b>275 Palisade Ave Apt 35</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06610</b>
Principal Occupation <b>Legislative Aid</b>			Name of Employer <b>CT General Assenbly</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$10.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2018</b>	
				Aggregate Contributions <b>\$10.00</b>	

Last Name <b>Vickers</b>		First <b>Constance</b>		MI	Contribution ID # <b>0170</b>
Residential Street Address <b>35 Hanford Ave .</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Alumni Affairs</b>			Name of Employer <b>HCC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$25.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2018</b>	
				Aggregate Contributions <b>\$25.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Weldon</b>	First <b>John</b>	MI	Contribution ID # <b>0171</b>
Residential Street Address <b>164 Seaside Ave .</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Contractor</b>	Name of Employer <b>Triborough Bridge Tunnel</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/31/2018</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Zeff</b>	First <b>Avram</b>	MI	Contribution ID # <b>0172</b>
Residential Street Address <b>17068 Brookwood Rd .</b>	City <b>Boca Raton</b>	State <b>FL</b>	Zip Code <b>33496</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>Zeff &amp; Zeff PC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/01/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Pelletier</b>	First <b>Willis</b>	MI	Contribution ID # <b>0131</b>
Residential Street Address <b>35 Old Battery Rd .</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Manager</b>	Name of Employer <b>Brake Centers</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/01/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Keller</b>	First <b>Sarah</b>	MI	Contribution ID # <b>0085</b>
Residential Street Address <b>110 Beachview Ave .</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>Meehan, Roberts, Toret &amp; Rosenbum</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/01/2018</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$5.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Jennings</b>	First <b>Ryan</b>	MI	Contribution ID # <b>0078</b>
Residential Street Address <b>166 Gilman St.</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Owner</b>	Name of Employer <b>Indigo-6</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution <b>\$25.00-</b>
		Date Received <b>02/01/2018</b>	Aggregate Contributions <b>\$50.00-</b>

Last Name <b>Pelletier</b>	First <b>Willis</b>	MI	Contribution ID # <b>0131</b>
Residential Street Address <b>35 Old Battery Rd.</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Manager</b>	Name of Employer <b>Brake Centers</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution <b>\$100.00-</b>
		Date Received <b>02/01/2018</b>	Aggregate Contributions <b>\$200.00-</b>

Last Name <b>Greer</b>	First <b>Anna</b>	MI	Contribution ID # <b>0065</b>
Residential Street Address <b>59 Harborview Pl</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Professor</b>	Name of Employer <b>SHU</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution <b>\$50.00-</b>
		Date Received <b>02/01/2018</b>	Aggregate Contributions <b>\$100.00-</b>

Last Name <b>Zeff</b>	First <b>Avram</b>	MI	Contribution ID # <b>0172</b>
Residential Street Address <b>17068 Brookwood Rd.</b>	City <b>Boca Raton</b>	State <b>FL</b>	Zip Code <b>33496</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>Zeff &amp; Zeff PC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution <b>\$100.00-</b>
		Date Received <b>02/01/2018</b>	Aggregate Contributions <b>\$200.00-</b>



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Greer</b>	First <b>Anna</b>	MI	Contribution ID # <b>0065</b>
Residential Street Address <b>59 Harborview Pl</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Professor</b>	Name of Employer <b>SHU</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/01/2018</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Keller</b>	First <b>Sarah</b>	MI	Contribution ID # <b>0085</b>
Residential Street Address <b>110 Beachview Ave .</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>Meehan, Roberts, Toret &amp; Rosenbum</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/01/2018</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Jennings</b>	First <b>Ryan</b>	MI	Contribution ID # <b>0078</b>
Residential Street Address <b>166 Gilman St .</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Owner</b>	Name of Employer <b>Indigo 6</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/01/2018</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Jennings</b>	First <b>Mandi</b>	MI	Contribution ID # <b>0077</b>
Residential Street Address <b>166 Gilman St .</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Manager</b>	Name of Employer <b>BRBW2889</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/02/2018</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Gagne</b>	First <b>Timothy</b>	MI	Contribution ID # <b>0054</b>
Residential Street Address <b>141 Fox St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Barber</b>	Name of Employer <b>Varsity Barber</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/02/2018</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Klein</b>	First <b>John</b>	MI	Contribution ID # <b>0087</b>
Residential Street Address <b>15 Bartram Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>IT Data Base Manager</b>	Name of Employer <b>Self</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/02/2018</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Meyer</b>	First <b>Christopher</b>	MI	Contribution ID # <b>0112</b>
Residential Street Address <b>435 Midland St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/02/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>McDonough</b>	First <b>Erin</b>	MI	Contribution ID # <b>0108</b>
Residential Street Address <b>955 Main Ste 507</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation	Name of Employer <b>Unemployed</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/02/2018</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Resarie</b>	First <b>Chris</b>	MI	Contribution ID # <b>0147</b>
Residential Street Address <b>195 French St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation <b>Legislator</b>	Name of Employer <b>State of CT</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution <b>\$100.00-</b>
		Date Received <b>02/02/2018</b>	Aggregate Contributions <b>\$200.00-</b>

Last Name <b>Gagne</b>	First <b>Timothy</b>	MI	Contribution ID # <b>0054</b>
Residential Street Address <b>141 Fox St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Barber</b>	Name of Employer <b>Varsity Barber</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution <b>\$5.00-</b>
		Date Received <b>02/02/2018</b>	Aggregate Contributions <b>\$10.00-</b>

Last Name <b>McDonough</b>	First <b>Erin</b>	MI	Contribution ID # <b>0108</b>
Residential Street Address <b>955 Main Ste 507</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation	Name of Employer <b>Unemployed</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution <b>\$5.00-</b>
		Date Received <b>02/02/2018</b>	Aggregate Contributions <b>\$10.00-</b>

Last Name <b>Jennings</b>	First <b>Mandi</b>	MI	Contribution ID # <b>0077</b>
Residential Street Address <b>166 Gilman St.</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Manager</b>	Name of Employer <b>BRBW2889</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution <b>\$25.00-</b>
		Date Received <b>02/02/2018</b>	Aggregate Contributions <b>\$50.00-</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Klein</b>	First <b>John</b>	MI	Contribution ID # <b>0087</b>
Residential Street Address <b>15 Bartram Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>IT Data Base Manager</b>	Name of Employer <b>Self</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>02/02/2018</b>	Aggregate Contributions <b>\$10.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00-</b>	

Last Name <b>Meyer</b>	First <b>Christopher</b>	MI	Contribution ID # <b>0112</b>
Residential Street Address <b>435 Midland St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>02/02/2018</b>	Aggregate Contributions <b>\$200.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00-</b>	

Last Name <b>Rosario</b>	First <b>Chris</b>	MI	Contribution ID # <b>0147</b>
Residential Street Address <b>195 French St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation <b>Legislator</b>	Name of Employer <b>State of CT</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>02/02/2018</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Pelletier</b>	First <b>Maureen</b>	MI	Contribution ID # <b>0132</b>
Residential Street Address <b>35 Old Battery Rd .</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>BSN</b>	Name of Employer <b>Roundation Medicine</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>02/03/2018</b>	Aggregate Contributions <b>\$20.00</b>
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$20.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Pelletier</b>		First <b>Michaela</b>		MI	Contribution ID # <b>0133</b>
Residential Street Address <b>35 Old Battery Rd .</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Student</b>			Name of Employer <b>Student</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			Date Received <b>02/03/2018</b>	Aggregate Contributions <b>\$5.00</b>	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card			<b>\$5.00</b>		

Last Name <b>Pelletier</b>		First <b>Timothy</b>		MI	Contribution ID # <b>0134</b>
Residential Street Address <b>35 Old Battery Rd .</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Engineer</b>			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			Date Received <b>02/03/2018</b>	Aggregate Contributions <b>\$5.00</b>	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card			<b>\$5.00</b>		

Last Name <b>Geffney</b>		First <b>Amy</b>		MI	Contribution ID # <b>0057</b>
Residential Street Address <b>10 Quinlan St .</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>SPED Teacher</b>			Name of Employer <b>Fairfield BOE</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			Date Received <b>02/03/2018</b>	Aggregate Contributions <b>\$10.00-</b>	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card			<b>\$5.00-</b>		

Last Name <b>Pelletier</b>		First <b>Maureen</b>		MI	Contribution ID # <b>0132</b>
Residential Street Address <b>35 Old Battery Rd .</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>BSN</b>			Name of Employer <b>Roundation Medicine</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			Date Received <b>02/03/2018</b>	Aggregate Contributions <b>\$40.00-</b>	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card			<b>\$20.00-</b>		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Pelletier</b>	First <b>Michaela</b>	MI	Contribution ID # <b>0133</b>
Residential Street Address <b>35 Old Battery Rd.</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Student</b>	Name of Employer <b>Student</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>02/03/2018</b>	Aggregate Contributions <b>\$10.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00-</b>	

Last Name <b>Pelletier</b>	First <b>Timothy</b>	MI	Contribution ID # <b>0134</b>
Residential Street Address <b>35 Old Battery Rd.</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Engineer</b>	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>02/03/2018</b>	Aggregate Contributions <b>\$10.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00-</b>	

Last Name <b>Geffney</b>	First <b>Amy</b>	MI	Contribution ID # <b>0057</b>
Residential Street Address <b>10 Quinlan St.</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>SPED Teacher</b>	Name of Employer <b>Fairfield BOE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>02/03/2018</b>	Aggregate Contributions <b>\$5.00</b>
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Hopkins</b>	First <b>Brian</b>	MI	Contribution ID # <b>0070</b>
Residential Street Address <b>450 Midland St.</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Disabled</b>	Name of Employer <b>MTA</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>02/04/2018</b>	Aggregate Contributions <b>\$10.00</b>
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$10.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Hopkins</b>		First <b>Jonell</b>		MI	Contribution ID # <b>0071</b>
Residential Street Address <b>450 Midland St .</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation			Name of Employer <b>Unemployed</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution  <b>\$10.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/04/2018</b>	
				Aggregate Contributions <b>\$10.00</b>	

Last Name <b>Hopkins</b>		First <b>Brian</b>		MI	Contribution ID # <b>0070</b>
Residential Street Address <b>450 Midland St .</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Disabled</b>			Name of Employer <b>MTA</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution  <b>\$10.00-</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/04/2018</b>	
				Aggregate Contributions <b>\$20.00-</b>	

Last Name <b>Hopkins</b>		First <b>Jonell</b>		MI	Contribution ID # <b>0071</b>
Residential Street Address <b>450 Midland St .</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation			Name of Employer <b>Unemployed</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution  <b>\$10.00-</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/04/2018</b>	
				Aggregate Contributions <b>\$20.00-</b>	

Last Name <b>Connery</b>		First <b>Kevin</b>		MI	Contribution ID # <b>0037</b>
Residential Street Address <b>702 Brewster St</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation			Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution  <b>\$5.00-</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/05/2018</b>	
				Aggregate Contributions <b>\$10.00-</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>DePasquale</b>		First <b>Edwin</b>		MI	Contribution ID # <b>0042</b>
Residential Street Address <b>255 Midland St.</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation			Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution  <b>\$27.00-</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/05/2018</b>	
				Aggregate Contributions <b>\$54.00-</b>	

Last Name <b>DePasquale</b>		First <b>Lisa</b>		MI	Contribution ID # <b>0043</b>
Residential Street Address <b>255 Midland St.</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Engineer</b>			Name of Employer <b>Lockheed Martin</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution  <b>\$27.00-</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/05/2018</b>	
				Aggregate Contributions <b>\$54.00-</b>	

Last Name <b>Swanton</b>		First <b>Kathleen</b>		MI	Contribution ID # <b>0165</b>
Residential Street Address <b>45 Livingston St</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation			Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution  <b>\$25.00-</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/05/2018</b>	
				Aggregate Contributions <b>\$50.00-</b>	

Last Name <b>Connery</b>		First <b>Kevin</b>		MI	Contribution ID # <b>0037</b>
Residential Street Address <b>702 Brewster St</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation			Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$5.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/05/2018</b>	
				Aggregate Contributions <b>\$5.00</b>	



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>DePasquale</b>	First <b>Edwin</b>	MI	Contribution ID # <b>0042</b>
Residential Street Address <b>255 Midland St .</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/05/2018</b>	Aggregate Contributions <b>\$27.00</b>
		Amount of Contribution <b>\$27.00</b>	

Last Name <b>DePasquale</b>	First <b>Lisa</b>	MI	Contribution ID # <b>0043</b>
Residential Street Address <b>255 Midland St .</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Engineer</b>	Name of Employer <b>Lockheed Martin</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/05/2018</b>	Aggregate Contributions <b>\$27.00</b>
		Amount of Contribution <b>\$27.00</b>	

Last Name <b>Swanton</b>	First <b>Kathleen</b>	MI	Contribution ID # <b>0165</b>
Residential Street Address <b>45 Livingston St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/05/2018</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Pivrotto</b>	First <b>Elaine</b>	MI	Contribution ID # <b>0139</b>
Residential Street Address <b>2625 Park Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Process Servier</b>	Name of Employer <b>Elaine Pivrotto, State Marsahl</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/07/2018</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Manning</b>	First <b>Gerald</b>	MI	Contribution ID # <b>0096</b>
Residential Street Address <b>195 Grover's Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Owner</b>	Name of Employer <b>Manning International</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/07/2018</b>	Aggregate Contributions <b>\$125.00</b>
		Amount of Contribution <b>\$125.00</b>	

Last Name <b>Pivrotto</b>	First <b>Elaine</b>	MI	Contribution ID # <b>0139</b>
Residential Street Address <b>2625 Park Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Process Servier</b>	Name of Employer <b>Elaine Pivrotto, State Marshll</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/07/2018</b>	Aggregate Contributions <b>\$100.00-</b>
		Amount of Contribution <b>\$50.00-</b>	

Last Name <b>Manning</b>	First <b>Gerald</b>	MI	Contribution ID # <b>0096</b>
Residential Street Address <b>195 Grover's Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Owner</b>	Name of Employer <b>Manning International</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/07/2018</b>	Aggregate Contributions <b>\$250.00-</b>
		Amount of Contribution <b>\$125.00-</b>	

Last Name <b>Mazzoni</b>	First <b>Keli</b>	MI	Contribution ID # <b>0101</b>
Residential Street Address <b>287 Courtland Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Teacher</b>	Name of Employer <b>Katonah Schools</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/09/2018</b>	Aggregate Contributions <b>\$40.00-</b>
		Amount of Contribution <b>\$20.00-</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Stafstrom</b>	First <b>Christine</b>	MI	Contribution ID # <b>0162</b>
Residential Street Address <b>138 Fayerweather Ter</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>First Republic Bank</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>02/09/2018</b>	Aggregate Contributions <b>\$10.00-</b> <b>\$5.00-</b>

Last Name <b>Mazzoni</b>	First <b>Keli</b>	MI	Contribution ID # <b>0101</b>
Residential Street Address <b>287 Courtland Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Teacher</b>	Name of Employer <b>Katonah Schools</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>02/09/2018</b>	Aggregate Contributions <b>\$20.00</b> <b>\$20.00</b>

Last Name <b>Stafstrom</b>	First <b>Christine</b>	MI	Contribution ID # <b>0162</b>
Residential Street Address <b>138 Fayerweather Ter</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>First Republic Bank</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>02/09/2018</b>	Aggregate Contributions <b>\$5.00</b> <b>\$5.00</b>

Last Name <b>Larcheveque</b>	First <b>Joseph</b>	MI	Contribution ID # <b>0090</b>
Residential Street Address <b>500 Lake Ave .</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Paramedic</b>	Name of Employer <b>Stamford EMS</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>02/10/2018</b>	Aggregate Contributions <b>\$5.00</b> <b>\$5.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Larcheveque</b>	First <b>Anne</b>	MI	Contribution ID # <b>0091</b>
Residential Street Address <b>500 Lake Ave .</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>OccupationalHealth</b>	Name of Employer <b>Fairfield University</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/10/2018</b>	Aggregate Contributions <b>\$20.00</b>
		Amount of Contribution <b>\$20.00</b>	

Last Name <del>Larcheveque</del>	First <del>Joseph</del>	MI	Contribution ID # <del>0090</del>
Residential Street Address <del>500 Lake Ave .</del>	City <del>Bridgeport</del>	State <del>CT</del>	Zip Code <del>06605</del>
Principal Occupation <del>Paramedic</del>	Name of Employer <del>Stamford EMS</del>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <del>02/10/2018</del>	Aggregate Contributions <del>\$10.00</del>
		Amount of Contribution <del>\$5.00</del>	

Last Name <del>Larcheveque</del>	First <del>Anne</del>	MI	Contribution ID # <del>0091</del>
Residential Street Address <del>500 Lake Ave .</del>	City <del>Bridgeport</del>	State <del>CT</del>	Zip Code <del>06605</del>
Principal Occupation <del>OccupationalHealth</del>	Name of Employer <del>Fairfield University</del>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <del>02/10/2018</del>	Aggregate Contributions <del>\$40.00</del>
		Amount of Contribution <del>\$20.00</del>	

Last Name <del>Roach</del>	First <del>Daniel</del>	MI	Contribution ID # <del>0141</del>
Residential Street Address <del>19 Quinlan Ave</del>	City <del>Bridgeport</del>	State <del>CT</del>	Zip Code <del>06605</del>
Principal Occupation <del>Project Director</del>	Name of Employer <del>City of Bridgeport</del>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <del>02/11/2018</del>	Aggregate Contributions <del>\$10.00</del>
		Amount of Contribution <del>\$5.00</del>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Roach</b>	First <b>Matthew</b>	MI	Contribution ID # <b>0142</b>
Residential Street Address <b>19 Quinlan Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Student</b>	Name of Employer <b>Student</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>02/11/2018</b>	Aggregate Contributions <b>\$10.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00-</b>	

Last Name <b>Roach</b>	First <b>Bonnie</b>	MI	Contribution ID # <b>0143</b>
Residential Street Address <b>19 Quinlan Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Sr. Contract Coordinator</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>02/11/2018</b>	Aggregate Contributions <b>\$10.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00-</b>	

Last Name <b>Deer</b>	First <b>Patricia</b>	MI	Contribution ID # <b>0040</b>
Residential Street Address <b>80 Fox St.</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Admin Assistant</b>	Name of Employer <b>Fletcher Thomas</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>02/11/2018</b>	Aggregate Contributions <b>\$20.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$10.00-</b>	

Last Name <b>Deer</b>	First <b>Patricia</b>	MI	Contribution ID # <b>0040</b>
Residential Street Address <b>80 Fox St .</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Admin Assistant</b>	Name of Employer <b>Fletcher Thomas</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>02/11/2018</b>	Aggregate Contributions <b>\$10.00</b>
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$10.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Roach</b>		First <b>Daniel</b>		MI	Contribution ID # <b>0141</b>
Residential Street Address <b>19 Quinlan Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Project Director</b>			Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$5.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/11/2018</b>	
If yes, list Event #				Aggregate Contributions <b>\$5.00</b>	

Last Name <b>Roach</b>		First <b>Matthew</b>		MI	Contribution ID # <b>0142</b>
Residential Street Address <b>19 Quinlan Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Student</b>			Name of Employer <b>Student</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$5.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/11/2018</b>	
If yes, list Event #				Aggregate Contributions <b>\$5.00</b>	

Last Name <b>Roach</b>		First <b>Bonnie</b>		MI	Contribution ID # <b>0143</b>
Residential Street Address <b>19 Quinlan Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Sr. Contract Coordinator</b>			Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$5.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/11/2018</b>	
If yes, list Event #				Aggregate Contributions <b>\$5.00</b>	

Last Name <b>Schmidt</b>		First <b>Denise</b>		MI	Contribution ID # <b>0152</b>
Residential Street Address <b>164 Bennett St .</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Designer</b>			Name of Employer <b>Self</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$5.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/12/2018</b>	
If yes, list Event #				Aggregate Contributions <b>\$5.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Schmidt</b>	First <b>Denise</b>	MI	Contribution ID # <b>0152</b>
Residential Street Address <b>164 Bennett St.</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Designer</b>	Name of Employer <b>Self</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>02/12/2018</b>	Aggregate Contributions <b>\$10.00-</b> <b>\$5.00-</b>

Last Name <b>Papanikolaou</b>	First <b>Lazaros</b>	MI	Contribution ID # <b>0125</b>
Residential Street Address <b>363 Grovers Ave .</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation	Name of Employer <b>Unemployed</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>02/13/2018</b>	Aggregate Contributions <b>\$5.00</b> <b>\$5.00</b>

Last Name <b>Papanikolaou</b>	First <b>Lazaros</b>	MI	Contribution ID # <b>0125</b>
Residential Street Address <b>363 Grovers Ave.</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation	Name of Employer <b>Unemployed</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>02/13/2018</b>	Aggregate Contributions <b>\$10.00-</b> <b>\$5.00-</b>

Last Name <b>Parisi</b>	First <b>Gabrielle</b>	MI	Contribution ID # <b>0126</b>
Residential Street Address <b>151 Astoria Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Internal Audit</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>02/13/2018</b>	Aggregate Contributions <b>\$105.00-</b> <b>\$5.00-</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Parisi</b>	First <b>Virginia</b>	MI	Contribution ID # <b>0127</b>
Residential Street Address <b>151 Astoria Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>02/13/2018</b>	Aggregate Contributions <b>\$15.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00-</b>	

Last Name <b>Parisi</b>	First <b>Stephen</b>	MI	Contribution ID # <b>0128</b>
Residential Street Address <b>151 Astoria Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Custodial</b>	Name of Employer <b>Fairfield Schools</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>02/13/2018</b>	Aggregate Contributions <b>\$15.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00-</b>	

Last Name <b>Parisi</b>	First <b>Gabrielle</b>	MI	Contribution ID # <b>0126</b>
Residential Street Address <b>151 Astoria Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Internal Audit</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>02/13/2018</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Parisi</b>	First <b>Virginia</b>	MI	Contribution ID # <b>0127</b>
Residential Street Address <b>151 Astoria Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>02/13/2018</b>	Aggregate Contributions <b>\$10.00</b>
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$10.00</b>	



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Parisi</b>	First <b>Stephen</b>	MI	Contribution ID # <b>0128</b>
Residential Street Address <b>151 Astoria Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Custodial</b>	Name of Employer <b>Fairfield Schools</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/13/2018</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$10.00</b>	

Last Name <b>Tobias</b>	First <b>Ellen</b>	MI	Contribution ID # <b>0168</b>
Residential Street Address <b>845 Cleveland Ave .</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/14/2018</b>	Aggregate Contributions <b>\$20.00</b>
		Amount of Contribution <b>\$20.00</b>	

Last Name <del>Tobias</del>	First <del>Ellen</del>	MI	Contribution ID # <del>0168</del>
Residential Street Address <del>845 Cleveland Ave .</del>	City <del>Bridgeport</del>	State <del>CT</del>	Zip Code <del>06604</del>
Principal Occupation	Name of Employer <del>Retired</del>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <del>02/14/2018</del>	Aggregate Contributions <del>\$40.00-</del>
		Amount of Contribution <del>\$20.00-</del>	

Last Name <b>Brennan</b>	First <b>Tom</b>	MI	Contribution ID # <b>0008</b>
Residential Street Address <b>435 Gilman St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Real Estate</b>	Name of Employer <b>Self TTAGR Development</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/15/2018</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Buckley</b>	First <b>Dennis</b>	MI	Contribution ID # <b>0011</b>
Residential Street Address <b>357 Commerce Dr # 462</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Zoning</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/15/2018</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Buckley</b>	First <b>Camel</b>	MI	Contribution ID # <b>0012</b>
Residential Street Address <b>70 Garden Ter</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/15/2018</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Soto</b>	First <b>Enrique</b>	MI	Contribution ID # <b>0161</b>
Residential Street Address <b>88 Lance Circle</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/15/2018</b>	Aggregate Contributions <b>\$10.00-</b>
		Amount of Contribution <b>\$5.00-</b>	

Last Name <b>Dunn</b>	First <b>Sheila</b>	MI	Contribution ID # <b>0047</b>
Residential Street Address <b>299 Brewster St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Administrator</b>	Name of Employer <b>Fairfield University</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/15/2018</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$10.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Dirgan</b>	First <b>Johanna</b>	MI	Contribution ID # <b>0045</b>
Residential Street Address <b>88 Lance Cir</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06610</b>
Principal Occupation <b>Library Assistant</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/15/2018</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Gibson</b>	First <b>Nina</b>	MI	Contribution ID # <b>0059</b>
Residential Street Address <b>38 Woodland Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Merchandiser</b>	Name of Employer <b>Ralph Lauren</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/15/2018</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$10.00</b>	

Last Name <b>Brennan</b>	First <b>Tom</b>	MI	Contribution ID # <b>0008</b>
Residential Street Address <b>435 Gilman St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Real Estate</b>	Name of Employer <b>Self TTAGR Development</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/15/2018</b>	Aggregate Contributions <b>\$10.00-</b>
		Amount of Contribution <b>\$5.00-</b>	

Last Name <b>Dirgan</b>	First <b>Johanna</b>	MI	Contribution ID # <b>0045</b>
Residential Street Address <b>88 Lance Cir</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06610</b>
Principal Occupation <b>Library Assistant</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/15/2018</b>	Aggregate Contributions <b>\$10.00-</b>
		Amount of Contribution <b>\$5.00-</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Dunn</b>	First <b>Sheila</b>	MI	Contribution ID # <b>0047</b>
Residential Street Address <b>299 Brewster St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Administrator</b>	Name of Employer <b>Fairfield University</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/15/2018</b>
		Aggregate Contributions <b>\$20.00-</b>	Amount of Contribution <b>\$10.00-</b>

Last Name <b>Gibson</b>	First <b>Nina</b>	MI	Contribution ID # <b>0059</b>
Residential Street Address <b>38 Woodland Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Merchandiser</b>	Name of Employer <b>Ralph Lauren</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/15/2018</b>
		Aggregate Contributions <b>\$20.00-</b>	Amount of Contribution <b>\$10.00-</b>

Last Name <b>Buckley</b>	First <b>Dennis</b>	MI	Contribution ID # <b>0011</b>
Residential Street Address <b>357 Commerce Dr # 462</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Zoning</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/15/2018</b>
		Aggregate Contributions <b>\$10.00-</b>	Amount of Contribution <b>\$5.00-</b>

Last Name <b>Buckley</b>	First <b>Camel</b>	MI	Contribution ID # <b>0012</b>
Residential Street Address <b>70 Garden Ter</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/15/2018</b>
		Aggregate Contributions <b>\$10.00-</b>	Amount of Contribution <b>\$5.00-</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Soto</b>		First <b>Enrique</b>		MI	Contribution ID # <b>0161</b>
Residential Street Address <b>88 Lance Cirle</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation			Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		
Date Received <b>02/15/2018</b>		Aggregate Contributions <b>\$5.00</b>		<b>\$5.00</b>	

Last Name <b>Cadwallader</b>		First <b>Jeff</b>		MI	Contribution ID # <b>0020</b>
Residential Street Address <b>261 Grovers Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Sales</b>			Name of Employer <b>Tesla</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		
Date Received <b>02/17/2018</b>		Aggregate Contributions <b><del>\$50.00</del></b>		<b><del>\$25.00</del></b>	

Last Name <b>Cadwallader</b>		First <b>Jeff</b>		MI	Contribution ID # <b>0020</b>
Residential Street Address <b>261 Grovers Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Sales</b>			Name of Employer <b>Tesla</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		
Date Received <b>02/17/2018</b>		Aggregate Contributions <b>\$25.00</b>		<b>\$25.00</b>	

Last Name <b>Kane</b>		First <b>Rowan</b>		MI	Contribution ID # <b>0082</b>
Residential Street Address <b>97 Homestead Ave .</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Manager</b>			Name of Employer <b>Team Tong 2018</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		
Date Received <b>03/01/2018</b>		Aggregate Contributions <b>\$25.00</b>		<b>\$25.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Kane</b>	First <b>Rowan</b>	MI	Contribution ID # <b>0082</b>
Residential Street Address <b>97 Homestead Ave.</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Manager</b>	Name of Employer <b>Team Tong 2018</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/01/2018</b>	Aggregate Contributions <b>\$50.00-</b> <b>\$25.00-</b>

Last Name <b>Hawkins</b>	First <b>Lillian</b>	MI	Contribution ID # <b>0068</b>
Residential Street Address <b>15 Armitage Dr</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/02/2018</b>	Aggregate Contributions <b>\$20.00-</b> <b>\$10.00-</b>

Last Name <b>Hawkins</b>	First <b>Barry</b>	MI	Contribution ID # <b>0069</b>
Residential Street Address <b>15 Armitage Dr</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/02/2018</b>	Aggregate Contributions <b>\$15.00-</b> <b>\$10.00-</b>

Last Name <b>Hawkins</b>	First <b>Lillian</b>	MI	Contribution ID # <b>0068</b>
Residential Street Address <b>15 Armitage Dr</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/02/2018</b>	Aggregate Contributions <b>\$10.00</b> <b>\$10.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Hawkins</b>	First <b>Barry</b>	MI	Contribution ID # <b>0069</b>
Residential Street Address <b>15 Armitage Dr</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/02/2018</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Rodriguez</b>	First <b>Wayne</b>	MI	Contribution ID # <b>0146</b>
Residential Street Address <b>732 Westfield Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>66606</b>
Principal Occupation	Name of Employer <b>Student</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/14/2018</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Rodriguez</b>	First <b>Wayne</b>	MI	Contribution ID # <b>0146</b>
Residential Street Address <b>732 Westfield Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>66606</b>
Principal Occupation	Name of Employer <b>Student</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/14/2018</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Kuczo</b>	First <b>Sabine</b>	MI	Contribution ID # <b>0088</b>
Residential Street Address <b>255 Harlem Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation <b>Office Mgr</b>	Name of Employer <b>Catholic Charities</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/15/2018</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$5.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Langan</b>	First <b>Kyle</b>	MI	Contribution ID # <b>0089</b>
Residential Street Address <b>1286 Laurel Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Teacher</b>	Name of Employer <b>Achievement First</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>03/15/2018</b>	Aggregate Contributions <b>\$10.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00-</b>	

Last Name <b>Marks</b>	First <b>Sam</b>	MI	Contribution ID # <b>0099</b>
Residential Street Address <b>2677 Main St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation <b>Clerk</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>03/15/2018</b>	Aggregate Contributions <b>\$10.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00-</b>	

Last Name <b>Gorrell</b>	First <b>Patrick</b>	MI	Contribution ID # <b>0060</b>
Residential Street Address <b>71 Truman St # 103</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation <b>Sales</b>	Name of Employer <b>Home Depot</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>03/15/2018</b>	Aggregate Contributions <b>\$10.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00-</b>	

Last Name <b>Gaudett</b>	First <b>Tom</b>	MI	Contribution ID # <b>0056</b>
Residential Street Address <b>96 Beechmont Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation <b>Mayor's Staff</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>03/15/2018</b>	Aggregate Contributions <b>\$10.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00-</b>	



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Gaudett</b>	First <b>Tom</b>	MI	Contribution ID # <b>0056</b>
Residential Street Address <b>96 Beechmont Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation <b>Mayor's Staff</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/15/2018</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Gorrell</b>	First <b>Patrick</b>	MI	Contribution ID # <b>0060</b>
Residential Street Address <b>71 Truman St # 103</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation <b>Sales</b>	Name of Employer <b>Home Depot</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/15/2018</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Marks</b>	First <b>Sam</b>	MI	Contribution ID # <b>0099</b>
Residential Street Address <b>2677 Main St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation <b>Clerk</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/15/2018</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Kuczo</b>	First <b>Sabine</b>	MI	Contribution ID # <b>0088</b>
Residential Street Address <b>255 Harlem Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation <b>Office Mgr</b>	Name of Employer <b>Catholic Charities</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/15/2018</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Langan</b>	First <b>Kyle</b>	MI	Contribution ID # <b>0089</b>
Residential Street Address <b>1286 Laurel Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Teacher</b>	Name of Employer <b>Achievement First</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/15/2018</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Lendrim</b>	First <b>Robert</b>	MI	Contribution ID # <b>0092</b>
Residential Street Address <b>100 Ellsworth St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>66605</b>
Principal Occupation <b>Consultant</b>	Name of Employer <b>White Chair Capital, LLC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/18/2018</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$10.00</b>	

Last Name <b>Margo</b>	First <b>Michelle</b>	MI	Contribution ID # <b>0098</b>
Residential Street Address <b>100 Ellsworth St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>66605</b>
Principal Occupation <b>Consultant</b>	Name of Employer <b>Margo, LLC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/18/2018</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$10.00</b>	

Last Name <b>Formato</b>	First <b>Michelle</b>	MI	Contribution ID # <b>0050</b>
Residential Street Address <b>44 Woodland Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Teacher</b>	Name of Employer <b>Fairfield Schools</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/18/2018</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Formato</b>	First <b>Joe</b>	MI	Contribution ID # <b>0051</b>
Residential Street Address <b>44 Woodland Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Analyst</b>	Name of Employer <b>Peoples United Bank</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/18/2018</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Francheschi</b>	First <b>Dina</b>	MI	Contribution ID # <b>0052</b>
Residential Street Address <b>32 Fayerweather Terrace</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Professor</b>	Name of Employer <b>Fairfield University</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/18/2018</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Formato</b>	First <b>Michelle</b>	MI	Contribution ID # <b>0050</b>
Residential Street Address <b>44 Woodland Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Teacher</b>	Name of Employer <b>Fairfield Schools</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/18/2018</b>	Aggregate Contributions <b>\$10.00-</b>
		Amount of Contribution <b>\$5.00-</b>	

Last Name <b>Formato</b>	First <b>Joe</b>	MI	Contribution ID # <b>0051</b>
Residential Street Address <b>44 Woodland Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Analyst</b>	Name of Employer <b>Peoples United Bank</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/18/2018</b>	Aggregate Contributions <b>\$10.00-</b>
		Amount of Contribution <b>\$5.00-</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Francheschi</b>	First <b>Dina</b>	MI	Contribution ID # <b>0052</b>
Residential Street Address <b>32 Fayerweather Terrace</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Professor</b>	Name of Employer <b>Fairfield University</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>03/18/2018</b>	Aggregate Contributions <b>\$10.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00-</b>	

Last Name <b>Margo</b>	First <b>Michelle</b>	MI	Contribution ID # <b>0098</b>
Residential Street Address <b>100 Ellsworth St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>66605</b>
Principal Occupation <b>Consultant</b>	Name of Employer <b>Margo, LLC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>03/18/2018</b>	Aggregate Contributions <b>\$20.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$10.00-</b>	

Last Name <b>Lendrim</b>	First <b>Robert</b>	MI	Contribution ID # <b>0092</b>
Residential Street Address <b>100 Ellsworth St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>66605</b>
Principal Occupation <b>Consultant</b>	Name of Employer <b>White Chair Capital, LLC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>03/18/2018</b>	Aggregate Contributions <b>\$20.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$10.00-</b>	

Last Name <b>Roberts</b>	First <b>Greg</b>	MI	Contribution ID # <b>0144</b>
Residential Street Address <b>42 Fayerweather Ter</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Business Owner</b>	Name of Employer <b>SFG Restaurant Services</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>03/18/2018</b>	Aggregate Contributions <b>\$10.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00-</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Roberts</b>	First <b>Ann</b>	MI	Contribution ID # <b>0145</b>
Residential Street Address <b>42 Fayerweather Ter</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Assistant</b>	Name of Employer <b>Giant Steps</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>03/18/2018</b>	Aggregate Contributions <b><del>\$10.00</del></b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b><del>\$5.00</del></b>	

Last Name <b>Roberts</b>	First <b>Ann</b>	MI	Contribution ID # <b>0145</b>
Residential Street Address <b>42 Fayerweather Ter</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Assistant</b>	Name of Employer <b>Giant Steps</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>03/18/2018</b>	Aggregate Contributions <b>\$5.00</b>
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Roberts</b>	First <b>Greg</b>	MI	Contribution ID # <b>0144</b>
Residential Street Address <b>42 Fayerweather Ter</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Business Owner</b>	Name of Employer <b>SFG Restaurant Services</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>03/18/2018</b>	Aggregate Contributions <b>\$5.00</b>
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Pennock</b>	First <b>Laura</b>	MI	Contribution ID # <b>0135</b>
Residential Street Address <b>41 Harborview Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Pilates Instructor</b>	Name of Employer <b>Black Rock Pilates</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>03/24/2018</b>	Aggregate Contributions <b>\$5.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Penneck</b>	First <b>Laura</b>	MI	Contribution ID # <b>0135</b>
Residential Street Address <b>41 Harborview Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Pilates Instructor</b>	Name of Employer <b>Black Rock Pilates</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>03/24/2018</b>	Aggregate Contributions <b>\$10.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00-</b>	

Last Name <b>Ayala</b>	First <b>Andres</b>	MI	Contribution ID # <b>0005</b>
Residential Street Address <b>404 Cleveland Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Teacher</b>	Name of Employer <b>Bridgeport-BOE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>03/24/2018</b>	Aggregate Contributions <b>\$10.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00-</b>	

Last Name <b>Collins</b>	First <b>Tara</b>	MI	Contribution ID # <b>0034</b>
Residential Street Address <b>41 Harborview Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Physical Therapist</b>	Name of Employer <b>Black Rock PT</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Date Received <b>03/24/2018</b>	Aggregate Contributions <b>\$10.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00-</b>	

Last Name <b>Collins</b>	First <b>Tara</b>	MI	Contribution ID # <b>0034</b>
Residential Street Address <b>41 Harborview Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Physical Therapist</b>	Name of Employer <b>Black Rock PT</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>03/24/2018</b>	Aggregate Contributions <b>\$5.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Ayala</b>	First <b>Andres</b>	MI	Contribution ID # <b>0005</b>
Residential Street Address <b>404 Cleveland Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Teacher</b>	Name of Employer <b>Bridgeport BOE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/24/2018</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Colon</b>	First <b>Ramon</b>	MI	Contribution ID # <b>0035</b>
Residential Street Address <b>744 Hancock Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/25/2018</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Colon</b>	First <b>Luis</b>	MI	Contribution ID # <b>0036</b>
Residential Street Address <b>744 Hancock Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Machinist</b>	Name of Employer <b>Colonial Coatings</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/25/2018</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Dominguez</b>	First <b>Brunilda</b>	MI	Contribution ID # <b>0046</b>
Residential Street Address <b>744 Hancock Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Manufacturing worker</b>	Name of Employer <b>Lacey</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/25/2018</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Marrero</b>	First <b>Wilfredo</b>	MI	Contribution ID # <b>0100</b>
Residential Street Address <b>744 Hancock Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Custodial</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/25/2018</b>	Aggregate Contributions <b>\$5.00</b>
			<b>\$5.00</b>

Last Name <b>Colon</b>	First <b>Ramon</b>	MI	Contribution ID # <b>0035</b>
Residential Street Address <b>744 Hancock Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/25/2018</b>	Aggregate Contributions <b>\$10.00-</b>
			<b>\$5.00-</b>

Last Name <b>Colon</b>	First <b>Luis</b>	MI	Contribution ID # <b>0036</b>
Residential Street Address <b>744 Hancock Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Machinist</b>	Name of Employer <b>Colonial Coatings</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/25/2018</b>	Aggregate Contributions <b>\$10.00-</b>
			<b>\$5.00-</b>

Last Name <b>Dominguez</b>	First <b>Brunilda</b>	MI	Contribution ID # <b>0046</b>
Residential Street Address <b>744 Hancock Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Manufacturing worker</b>	Name of Employer <b>Lacey</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/25/2018</b>	Aggregate Contributions <b>\$10.00-</b>
			<b>\$5.00-</b>



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Marrero</b>	First <b>Wilfredo</b>	MI	Contribution ID # <b>0100</b>
Residential Street Address <b>744 Hancock Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Custodial</b>	Name of Employer <b>City of Bridgeport</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/25/2018</b>	Aggregate Contributions <b>\$10.00-</b> <b>\$5.00-</b>

<b>Total of Section B</b>		<b>\$5,649.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A + B) (Total on Line 14, Column A of Summary Page)		<b>\$5,649.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**C1. Contributions from Other Committees**

Name of Committee	Name of Treasurer		
Address	Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Amount of Contribution
City	State	Zip Code	Date Received Aggregate Contributions

<b>Total of Section C1</b>	
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**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE				TYPE OF REPORT	
Stafstrom 2018				April 10 Filing - Amendment	
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>					
Name of Committee			Name of Treasurer		
Address				Date Received	Amount of Receipt
City	State	Zip Code	Payment Type		
			Reimbursement for shared expense Surplus distribution from exploratory committee		
Expenditure #	Description				
<b>Total of Section C2</b>					

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE				TYPE OF REPORT	
Stafstrom 2018				April 10 Filing - Amendment	
<b>D. Loans Received this Period</b>					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan?  Yes      No
Name of Cosigner/Guarantor (if applicable)					
Street Address		City	State	Zip Code	<b>Amount Received</b>
<b>Total of Section D</b>					

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)**

Date of Receipt	Method of Payment			Amount
	Cash	Personal Check	Credit/Debit Card	
<b>Total of Section E</b>				

**I. Monetary Receipts (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**G. Interest from Deposits in Authorized Accounts**

Name of Institution	Date Received	Amount
Street Address	City	State
		Zip Code
<b>Total of Section G</b>		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**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		
<b>Total of Section H</b>			

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE				TYPE OF REPORT	
Stafstrom 2018				April 10 Filing - Amendment	
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
<b>Total of Section I</b>					

**II. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Stafstrom 2018				April 10 Filing - Amendment	
<b>J1. Event Information</b>					
Event # Date of Event	Letter	Description	Was this a fundraising event? Yes      No		
Location: Street Address			City	State	Zip Code
Was this event hosted at a personal residence?		Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
		No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
		No			
<b>Subpart 1:</b>					
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes	(If yes, enter Total Receipts here.)		
		No			
<b>Total of Section J1</b>					

**II. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**J3. In-Kind Donations Not Considered Contributions**

Name of the Donor

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

**Total of Section J3**

**II. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

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

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

**Total of Section J4**

**III. NONMONETARY RECEIPTS (Sections K - L)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**K. In-Kind Contributions**

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

**Total of Section K**

**III. Non Monetary Receipts (Sections K - L)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**L. Refundable Deposit to Telephone Company**

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			
Street Address	City	State	Zip Code

**Total of Section L**

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

#### N. Expenses Paid By Committee

Name of Payee Steven Stafstrom		Date of Payment 02/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>Steven Stafstr</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 120 Sailors Ln		City Bridgeport	State CT	Zip Code 06605
Purpose of Expend FNDR *	Description FNDR			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$479.50
Name of Payee Staples		Date of Payment 02/20/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address Kings Highway		City Fairfield	State CT	Zip Code 06285
Purpose of Expend OFFICE	Description OFFICE			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$237.72
Name of Payee Harlan Clarke		Date of Payment 02/22/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PARK AVE		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend BNK	Description BNK			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$91.50
<b>Total of Section N</b>				<b>\$808.72</b>

**IV. EXPENDITURES (Sections N - S)**

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

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT	
Stafstrom 2018						April 10 Filing - Amendment	
<b>P. Expenses Incurred on Committee Credit Card</b>							
Name of Issuing Institution				Type of Credit Card:			
				Visa	Master Card	Discover	American Express
				Other			
Name of Vendor						Date of Transaction	
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description					<b>Amount</b>	
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Yes	No		
If yes, assign an Expenditure # and complete Itemization in Addendum							
<b>Total of Section P</b>							



**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

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

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

**Total of Section Q**

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**R. Itemization of Reimbursements and Secondary Payees**

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:  Check #  Debit Card  EFT
Name of Vendor Paid by Committee Worker/Consultant				
Street Address of Vendor		City		State
				Zip Code
Purpose of Expenditure (by code)	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes  No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				
<b>Total of Section R</b>				

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Stafstrom 2018	April 10 Filing - Amendment

**S. Surplus Distribution of Equipment and Furniture**

Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				
<b>Total of Section S</b>				

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

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

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

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

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