



COVER PAGE

| | | | | | |
|---|----------------|--|---|-------------------------------------|--------------------------|
| 1. NAME OF COMMITTEE | | | 2. TYPE OF COMMITTEE | | |
| delacruz 2018 | | | <input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee | | |
| 3. TREASURER NAME | | | | | |
| First Audre | MI P | Last Bumgardner | | Suffix | |
| 4. TREASURER ADDRESS | | | | | |
| Street Address 584 F Shennecossett Rd | | City Groton | | State CT | Zip Code 06340 |
| 5. ELECTION DATE | | 6. OFFICE SOUGHT (Complete only if Candidate Committee) | | 7. DISTRICT NUMBER (if applicable) | |
| 11/06/2018 | | State Representative | | R041 | |
| 8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee) | | | | | |
| First Joseph | MI B | Last de la Cruz | | Suffix | |
| 9. TYPE OF REPORT | | | | | |
| April 10 Filing - Amendment | | | | | |
| 10. PERIOD COVERED | | | | | |
| Beginning Date | | Ending Date | | | |
| 01/04/2018 | | thru | | 03/31/2018 | |
| 11. CERTIFICATION | | | | | |
| <input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. | | | | | |
| Electronic Filing | | Audre Bumgardner | | 08/21/2018 10:54:06AM | |
| SIGNATURE | | PRINT NAME OF THE SIGNER | | DATE CERTIFIED | |
| | | | | | |
| <p>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.</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 | |
|--|-----------------------------|-----------------------|
| delacruz 2018 | April 10 Filing - Amendment | |
| | COLUMN A This Period | COLUMN B Aggregate |
| 12. Balance on hand from day Committee was formed | | \$0.00 |
| 13. Balance on hand at the beginning of Reporting Period | \$0.00 | |
| 14. Contributions received from Individuals (Section A and B) | \$5,625.00 | \$5,625.00 |
| 15. Receipts from Other Committees (Sections C1 and C2) | \$0.00 | \$0.00 |
| 16. Other Monetary Receipts (Section D through I) | \$0.00 | \$0.00 |
| 17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1) | \$0.00 | \$0.00 |
| 18. Total Monetary Receipts (add totals for lines 14 through 17) | \$5,625.00 | \$5,625.00 |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B) | \$5,625.00 | \$5,625.00 |
| 20. Expenses Paid by Committee (Section N) | \$1,118.84 | \$1,118.84 |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col) | \$4,506.16 | \$4,506.16 |
| 22. In-Kind Donations not Considered Contributions Received (Section J3) | \$0.00 | \$0.00 |
| 23. In-Kind Donations not Considered Contributions - House Party (Section J4) | \$0.00 | \$0.00 |
| 24. In-Kind Contributions Received (Section K) | \$0.00 | \$0.00 |
| 25. Refundable Deposit to Telephone Company (Section L) | \$0.00 | \$0.00 |
| 26. Beginning Loan Balance | \$0.00 | |
| 26a. + Loans Received (Section D) | \$0.00 | \$0.00 |
| 26b. + Interest and Penalties on Loan(s) | \$0.00 | \$0.00 |
| 26c. - Payments on Loan(s) | \$0.00 | \$0.00 |
| 26d. Total Outstanding Loan Amount | \$0.00 | |
| 27. Campaign Expenses Paid By Candidate (Section O) | \$0.00 | \$0.00 |
| 28. Expenses Incurred on Committee Credit Card (Section P) | \$0.00 | \$0.00 |
| 29. Expenses Incurred by Committee During this Period but Not Paid (Section Q) | \$0.00 | |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q) | \$0.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) delacruz 2018 | TYPE OF REPORT 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 Granatosky | First Joseph | MI | Contribution ID # 0043 |
| Residential Street Address 30 N Prospect St | City Groton | State CT | Zip Code 06340 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 01/31/2018 | Aggregate Contributions \$40.00- \$20.00- |

| | | | |
|--|--|---|---|
| Last Name Granatosky | First Joseph | MI | Contribution ID # 0043 |
| Residential Street Address 30 N Prospect St | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Student | 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 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 01/31/2018 | Aggregate Contributions \$20.00 \$20.00 |

| | | | |
|--|--|---|---|
| Last Name Von Dorster | First Mary | MI E | Contribution ID # 0074 |
| Residential Street Address 355 Brook St | City Noank | State CT | Zip Code 06340 |
| Principal Occupation Attorney | Name of Employer CT Legal Services | | |
| 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 | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # 02112018A | 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 02/02/2018 | Aggregate Contributions \$100.00 \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Granatosky | First Patrice | MI | Contribution ID # 0047 |
| Residential Street Address 30 N Prospect St | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Teacher | Name of Employer State of Connecticut | | |
| 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 02/03/2018 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Granatosky | First Mark | MI | Contribution ID # 0048 |
| Residential Street Address 30 N Prospect St | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Supervisor of Shipbuilding | Name of Employer General Dynamics - Electric Boat | | |
| 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 02/03/2018 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Wirzbicki | First John | MI | Contribution ID # 0075 |
| Residential Street Address 355 Brook St | City Noank | State CT | Zip Code 06340 |
| Principal Occupation Attorney | Name of Employer Brown Jacobson PC | | |
| 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 02/06/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Martinez | First Paul | MI A | Contribution ID # 0049 |
| Residential Street Address 5 Richards Grove Rd | City Quaker Hill | State CT | Zip Code 06375 |
| Principal Occupation Agent | Name of Employer Liberty Mutual Insurance | | |
| 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 02/09/2018 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|-------------------|--|--|
| Last Name Lee | First Louise | MI M | Contribution ID # 0050 |
| Residential Street Address 236 Wauregan Rd | City Danielson | State CT | Zip Code 06239 |
| Principal Occupation Student | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution Date Received: 02/09/2018 Aggregate Contributions: \$10.00 \$10.00 |

| | | | |
|--|-----------------------------|--|--|
| Last Name Simends | First Susanna | MI CT | Contribution ID # 0051 |
| Residential Street Address 11 Glendale Rd | City Oakdale | State CT | Zip Code 06370 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution Date Received: 02/09/2018 Aggregate Contributions: \$10.00 \$10.00 |

| | | | |
|--|--|--|--|
| Last Name Brown | First Nelson | MI T | Contribution ID # 0052 |
| Residential Street Address 3 Wagonwheel Rd | City East Lyme | State CT | Zip Code 06333 |
| Principal Occupation Lawn Care Technician | Name of Employer Jordan Brook Lawn Care | | |
| 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 | Amount of Contribution Date Received: 02/09/2018 Aggregate Contributions: \$5.00 \$5.00 |

| | | | |
|--|-----------------------------|--|--|
| Last Name Dawson | First Richard | MI CT | Contribution ID # 0053 |
| Residential Street Address 47 Rosalia Dr | City Waterford | State CT | Zip Code 06385 |
| Principal Occupation Equipment Manager | Name of Employer US Navy | | |
| 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 | Amount of Contribution Date Received: 02/09/2018 Aggregate Contributions: \$5.00 \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|-----------------------------------|
| Last Name Marchand | First Christopher | MI C | Contribution ID # 0054 |
| Residential Street Address 330 Crystal Ave Unit 8 | City New London | State CT | Zip Code 06320 |
| Principal Occupation Maintenance Electrician | Name of Employer AECOM | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/09/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|---|--|---|------------------------------------|
| Last Name Osten | First Catherine | MI A | Contribution ID # 0044 |
| Residential Street Address 187 Scotland Rd | City Baltic | State CT | Zip Code 06330 |
| Principal Occupation State Senator | Name of Employer State of Connecticut | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/10/2018 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|---|--|---|-----------------------------------|
| Last Name Huston | First Miriam | MI | Contribution ID # 0024 |
| Residential Street Address 29 Hillside Ave | City Noank | State CT | Zip Code 06340 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/10/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|---|--|---|-----------------------------------|
| Last Name Hutson | First James | MI E | Contribution ID # 0025 |
| Residential Street Address 29 Hillside Ave | City Noank | State CT | Zip Code 06340 |
| Principal Occupation Sales Lead | Name of Employer Dicks Sporting Goods | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/10/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|------------------------------------|
| Last Name Zeppieri | First Paula | MI | Contribution ID # 0026 |
| Residential Street Address 35 Beach Pond Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/10/2018 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|---|--|---|------------------------------------|
| Last Name Zeppieri | First Joe | MI | Contribution ID # 0027 |
| Residential Street Address 35 Beach Pond Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Attorney | Name of Employer Self-Employed | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/10/2018 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|---|--|---|------------------------------------|
| Last Name Richards | First Katharine | MI B | Contribution ID # 0028 |
| Residential Street Address 78 Algonquin Dr | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Adjunct Professor | Name of Employer University of Connecticut School of Law | | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02112018A</u> | 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 02/11/2018 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

| | | | |
|---|--|---|------------------------------------|
| Last Name Tarbox | First Barbara | MI S | Contribution ID # 0029 |
| Residential Street Address 74 Algonquin Dr | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02112018A</u> | 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 02/11/2018 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|-------------------------|--|--------------------|----------------------------------|
| Last Name Bordelon | | First Portia | | MI L | Contribution ID # 0030 |
| Residential Street Address 159 Shennecossett Pkwy | | City Groton | | State CT | Zip Code 06340 |
| Principal Occupation Sergeant | | | Name of Employer Enlisted Career Force Controls | | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 02112018A | | | Date Received 02/11/2018 | | |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | | Aggregate Contributions \$15.00 | | \$15.00 |
| Last Name Whitehouse | | First Amy | | MI L | Contribution ID # 0031 |
| Residential Street Address 600 Meridian Street Ext | | City Groton | | State CT | Zip Code 06340 |
| Principal Occupation Property Manager | | | Name of Employer Country Glen Apartments | | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 02112018A | | | Date Received 02/11/2018 | | |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | | Aggregate Contributions \$5.00 | | \$5.00 |
| Last Name Whitehouse | | First Michael | | MI G | Contribution ID # 0032 |
| Residential Street Address 600 Meridian Street Ext | | City Groton | | State CT | Zip Code 06340 |
| Principal Occupation Publisher | | | Name of Employer Best Version Media | | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 02112018A | | | Date Received 02/11/2018 | | |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | | Aggregate Contributions \$5.00 | | \$5.00 |
| Last Name Hedrick | | First Keith | | MI L | Contribution ID # 0033 |
| Residential Street Address 156 Shennecossett Pkwy | | City Groton | | State CT | Zip Code 06340 |
| Principal Occupation Mayor | | | Name of Employer City of Groton | | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 02112018A | | | Date Received 02/11/2018 | | |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | | Aggregate Contributions \$100.00 | | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--------------------------------------|--|------------------------------------|
| Last Name Dixon | First Richard | MI D | Contribution ID # 0034 |
| Residential Street Address 15 Route 27 | City Old Mystic | State CT | Zip Code 06372 |
| Principal Occupation Attorney | Name of Employer Richard D. Dixon | | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02112018A</u> | | Date Received 02/11/2018 | Aggregate Contributions \$25.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$25.00 | |

| | | | |
|--|--------------------------------------|--|-----------------------------------|
| Last Name Bronin | First Luke | MI CT | Contribution ID # 0035 |
| Residential Street Address 93 Elm St | City Hartford | State CT | Zip Code 06106 |
| Principal Occupation Mayor | Name of Employer City of Hartford | | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02112018A</u> | | Date Received 02/11/2018 | Aggregate Contributions \$5.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$5.00 | |

| | | | |
|--|-----------------------------------|--|------------------------------------|
| Last Name Foster | First Annie-Marie | MI CT | Contribution ID # 0036 |
| Residential Street Address 15 Route 27 | City Old Mystic | State CT | Zip Code 06340 |
| Principal Occupation Consultant | Name of Employer Self-Employed | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02112018A</u> | | Date Received 02/11/2018 | Aggregate Contributions \$50.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$50.00 | |

| | | | |
|--|--|--|------------------------------------|
| Last Name Kepple | First Nicholas | MI F | Contribution ID # 0037 |
| Residential Street Address 224 N Main St | City Stonington | State CT | Zip Code 06378 |
| Principal Occupation Probate Judge | Name of Employer State of Connecticut | | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02112018A</u> | | Date Received 02/11/2018 | Aggregate Contributions \$50.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$50.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|---|--|------------------------------------|
| Last Name Jones | First James | MI B | Contribution ID # 0038 |
| Residential Street Address 60 Flanders Rd | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Graphic Designer | Name of Employer Bruce Jones Design Inc. | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02112018A</u> | | Date Received 02/11/2018 | Aggregate Contributions \$30.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$30.00 | |

| | | | |
|--|--|--|------------------------------------|
| Last Name Leamon | First Elizabeth | MI L | Contribution ID # 0039 |
| Residential Street Address 10 School St | City Stonington | State CT | Zip Code 06378 |
| Principal Occupation Attorney | Name of Employer Leckerling Ladwig & Leamon LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02112018A</u> | | Date Received 02/11/2018 | Aggregate Contributions \$50.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$50.00 | |

| | | | |
|--|-----------------------------|--|------------------------------------|
| Last Name Welles | First Gary | MI R | Contribution ID # 0040 |
| Residential Street Address 5 Route 27 | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02112018A</u> | | Date Received 02/11/2018 | Aggregate Contributions \$20.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$20.00 | |

| | | | |
|--|-------------------------------------|--|------------------------------------|
| Last Name Powers | First Shawn | MI D | Contribution ID # 0001 |
| Residential Street Address 298 Lestertown Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Realtor | Name of Employer ReMax Home Team | | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02112018A</u> | | Date Received 02/11/2018 | Aggregate Contributions \$10.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$10.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
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B. Itemized Contributions from Individuals

| | | | |
|--|--|--|------------------------------------|
| Last Name Powers | First Kristen | MI L | Contribution ID # 0002 |
| Residential Street Address 298 Lestertown Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Radiographer | Name of Employer Lawrence + Memorial Hospital | | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02112018A</u> | 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 02/11/2018 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|--|--|--|-------------------------------------|
| Last Name Moukawsher | First Elizabeth | MI A | Contribution ID # 0003 |
| Residential Street Address 70 Tyler Ave | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Town Clerk | Name of Employer Town of Groton | | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02112018A</u> | 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 02/11/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|--|--|------------------------------------|
| Last Name Marx | First Martha | MI E | Contribution ID # 0004 |
| Residential Street Address 4 Harbor Ln | City New London | State CT | Zip Code 06320 |
| Principal Occupation RN | Name of Employer Visiting Nurse Association of Southeastern Connect | | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02112018A</u> | 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 02/11/2018 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|--|--|--|------------------------------------|
| Last Name Ebbin | First Syma | MI | Contribution ID # 0005 |
| Residential Street Address 51 Jupiter Pt | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Professor | Name of Employer University of Connecticut | | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02112018A</u> | 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 02/11/2018 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
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B. Itemized Contributions from Individuals

| | | | |
|--|--|--|---|
| Last Name Kane | First Michael | MI D | Contribution ID # 0006 |
| Residential Street Address 51 Jupiter Pt | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Builder | Name of Employer Kane Building Co. | | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 02112018A | 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 02/11/2018 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|--|--|--|--|
| Last Name Schwebel | First Elizabeth | MI € | Contribution ID # 0007 |
| Residential Street Address 110 Meeting House Ln | City Ledyard | State €T | Zip Code 06339 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 02112018A | 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 02/11/2018 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|--|--|--|---|
| Last Name Beckford | First Jamal | MI O | Contribution ID # 0008 |
| Residential Street Address 74 Pleasant St | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Electrical Engineer | Name of Employer General Dynamics - Electric Boat | | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 02112018A | 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 02/11/2018 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|--|--|--|---|
| Last Name Shah | First Atul | MI R | Contribution ID # 0009 |
| Residential Street Address 15 Beacon Hill Dr | City Waterford | State CT | Zip Code 06385 |
| Principal Occupation Engineer | Name of Employer Applied Physical Sciences Corporation | | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 02112018A | 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 02/11/2018 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|------------------------------------|---|------------------------------------|
| Last Name Parker | First Juliette | MI M | Contribution ID # 0010 |
| Residential Street Address 520 F Shennecossett Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Administrative Assistant | Name of Employer City of Groton | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>02112018A</u> | | Date Received 02/11/2018 | Aggregate Contributions \$10.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$10.00 | |

| | | | |
|---|---------------------------------|---|------------------------------------|
| Last Name Soto | First Christian | MI CT | Contribution ID # 0011 |
| Residential Street Address 18 Crouch St | City New London | State CT | Zip Code 06320 |
| Principal Occupation Director | Name of Employer Higher Edge | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>02112018A</u> | | Date Received 02/11/2018 | Aggregate Contributions \$10.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$10.00 | |

| | | | |
|---|---|---|------------------------------------|
| Last Name Palzere-Rae | First Emma | MI CT | Contribution ID # 0012 |
| Residential Street Address 46 Benham Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Manager | Name of Employer Thames River Innovation Place | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>02112018A</u> | | Date Received 02/11/2018 | Aggregate Contributions \$10.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$10.00 | |

| | | | |
|---|-----------------------------------|---|-----------------------------------|
| Last Name Rae | First William | MI CT | Contribution ID # 0013 |
| Residential Street Address 46 Benham Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Artist | Name of Employer Self-Employed | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>02112018A</u> | | Date Received 02/11/2018 | Aggregate Contributions \$5.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|------------------|--|-----------------------------------|
| Last Name Rae | First Robert | MI C | Contribution ID # 0014 |
| Residential Street Address 46 Benham Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Student | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02112018A</u> | | Date Received 02/11/2018 | Aggregate Contributions \$5.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$5.00 | |

| | | | |
|--|-----------------------------|--|------------------------------------|
| Last Name Billing | First Clare | MI B | Contribution ID # 0015 |
| Residential Street Address 15 Ashby St | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02112018A</u> | | Date Received 02/11/2018 | Aggregate Contributions \$35.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$35.00 | |

| | | | |
|--|-----------------------------|--|------------------------------------|
| Last Name Billing | First Natalie | MI B | Contribution ID # 0016 |
| Residential Street Address 15 Ashby St | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02112018A</u> | | Date Received 02/11/2018 | Aggregate Contributions \$35.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$35.00 | |

| | | | |
|--|-----------------------------|--|-------------------------------------|
| Last Name Merritt | First Roscoe | MI L | Contribution ID # 0017 |
| Residential Street Address 19 Birmingham Ct | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02112018A</u> | | Date Received 02/11/2018 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

I. MONETARY RECEIPTS (Section A-I)

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|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
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B. Itemized Contributions from Individuals

| | | | |
|--|------------------------------------|--|---|
| Last Name Duarte | First Paul | MI | Contribution ID # 0018 |
| Residential Street Address 54 Cottage St | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 02112018A | | Date Received 02/11/2018 | Aggregate Contributions \$50.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$50.00 | |

| | | | |
|--|-------------------------|--|---|
| Last Name de-la-Cruz | First Melissa | MI A | Contribution ID # 0019 |
| Residential Street Address 242 South Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 02112018A | | Date Received 02/11/2018 | Aggregate Contributions \$40.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$20.00 | |

| | | | |
|--|--|--|---|
| Last Name White | First Lee | MI | Contribution ID # 0020 |
| Residential Street Address 372 Meridan Street Ext | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Writer | Name of Employer Self-Employed | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 02112018A | | Date Received 02/11/2018 | Aggregate Contributions \$75.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$75.00 | |

| | | | |
|--|------------------------------------|--|---|
| Last Name Duarte | First Elizabeth | MI | Contribution ID # 0021 |
| Residential Street Address 54 Cottage St | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 02112018A | | Date Received 02/11/2018 | Aggregate Contributions \$50.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$50.00 | |

I. MONETARY RECEIPTS (Section A-I)

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| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
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B. Itemized Contributions from Individuals

| | | | |
|--|--|--|------------------------------------|
| Last Name Charette | First Susan | MI G | Contribution ID # 0045 |
| Residential Street Address 88 Somerset Dr | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Accountant | Name of Employer Latham & Watkins LLP | | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02112018A</u> | | Date Received 02/11/2018 | Aggregate Contributions \$50.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$50.00 | |

| | | | |
|--|-------------------|--|------------------------------------|
| Last Name Gillece | First Ashley | MI M | Contribution ID # 0046 |
| Residential Street Address 19 Moss St | City Pawcatuck | State CT | Zip Code 06379 |
| Principal Occupation Homemaker | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02112018A</u> | | Date Received 02/11/2018 | Aggregate Contributions \$10.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$10.00 | |

| | | | |
|--|-----------------------------|--|-------------------------------------|
| Last Name Kelley | First Daniel | MI | Contribution ID # 0063 |
| Residential Street Address 23 Renee Dr | City Pawcatuck | State CT | Zip Code 06379 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02112018A</u> | | Date Received 02/11/2018 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

| | | | |
|--|-------------------------------------|--|-------------------------------------|
| Last Name Obrey | First Lian | MI | Contribution ID # 0064 |
| Residential Street Address 8 Ulster Point Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Real Estate Agent | Name of Employer ReMax Home Team | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 02/11/2018 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

I. MONETARY RECEIPTS (Section A-I)

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| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
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B. Itemized Contributions from Individuals

| | | | |
|---|-----------------------------------|---|------------------------------------|
| Last Name Bysiewicz | First Susan | MI | Contribution ID # 0065 |
| Residential Street Address 339 Hunting Hall Ave # 116 | City Middletown | State CT | Zip Code 06457 |
| Principal Occupation Attorney | Name of Employer Self-Employed | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>02112018A</u> | | Date Received 02/11/2018 | Aggregate Contributions \$10.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$10.00 | |

| | | | |
|---|---|---|------------------------------------|
| Last Name Tewksbury | First Eugene | MI A | Contribution ID # 0066 |
| Residential Street Address 124 Gifford Ln | City Bozrah | State CT | Zip Code 06334 |
| Principal Occupation Case Worker | Name of Employer Office of U.S. Congressman Joe Courtney | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>02112018A</u> | | Date Received 02/11/2018 | Aggregate Contributions \$20.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$20.00 | |

| | | | |
|---|-------------------------------------|---|------------------------------------|
| Last Name Tewksbury | First Kevin | MI | Contribution ID # 0067 |
| Residential Street Address 124 Gifford Ln | City Bozrah | State CT | Zip Code 06334 |
| Principal Occupation Producer | Name of Employer Out of Shot LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>02112018A</u> | | Date Received 02/11/2018 | Aggregate Contributions \$50.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$50.00 | |

| | | | |
|---|--|---|-------------------------------------|
| Last Name Dagostino | First Michael | MI | Contribution ID # 0068 |
| Residential Street Address 757 Ridge Dr | City Hamden | State CT | Zip Code 06517 |
| Principal Occupation Attorney | Name of Employer Morgan Lewis & Bockius LLP | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>02112018A</u> | | Date Received 02/11/2018 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

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B. Itemized Contributions from Individuals

| | | | |
|--|-----------------------------|--|------------------------------------|
| Last Name Rose | First David | MI P | Contribution ID # 0069 |
| Residential Street Address 75 Baker Ave | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02112018A</u> | | Date Received 02/11/2018 | Aggregate Contributions \$25.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$25.00 | |

| | | | |
|--|-----------------------------|--|------------------------------------|
| Last Name Puccino | First Melissa | MI F | Contribution ID # 0070 |
| Residential Street Address 94 Brookshaven Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Lead Teacher CDC | Name of Employer US Navy | | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02112018A</u> | | Date Received 02/11/2018 | Aggregate Contributions \$20.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$20.00 | |

| | | | |
|--|---------------------------------------|--|------------------------------------|
| Last Name Puccino | First Richard | MI A | Contribution ID # 0071 |
| Residential Street Address 94 Brookshaven Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Baker | Name of Employer Big Y Supermarket | | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02112018A</u> | | Date Received 02/11/2018 | Aggregate Contributions \$20.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$20.00 | |

| | | | |
|--|-----------------------------|--|------------------------------------|
| Last Name Puccino | First Adam | MI J | Contribution ID # 0072 |
| Residential Street Address 94 Brookshaven Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Carpenter | Name of Employer US Navy | | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02112018A</u> | | Date Received 02/11/2018 | Aggregate Contributions \$20.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$20.00 | |

I. MONETARY RECEIPTS (Section A-I)

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| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
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B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Dunbar-Rose | First Shirleyann | MI | Contribution ID # 0073 |
| Residential Street Address 75 Baker Ave | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02112018A</u> | 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 02/11/2018 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Wayland-Doyen | First Joann | MI A | Contribution ID # 0055 |
| Residential Street Address 132 Judson Ave | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02112018A</u> | 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 02/11/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Gaiewski | First Daniel | MI | Contribution ID # 0042 |
| Residential Street Address 136 Ocean View Ave | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Student | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02112018A</u> | 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 02/11/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Rayner | First Rayner | MI | Contribution ID # 0147 |
| Residential Street Address 29 S Fair St | City Guilford | State CT | Zip Code 06437 |
| Principal Occupation Consultant | Name of Employer DNA Campaigns LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/11/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

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B. Itemized Contributions from Individuals

| | | | |
|---|---|---|--|
| Last Name Morrissey | First Jessica | MI | Contribution ID # 0148 |
| Residential Street Address 46 Broad St | City Stonington | State CT | Zip Code 06378 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/11/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|---|---|---|---|
| Last Name Mallove | First Robin | MI | Contribution ID # 0149 |
| Residential Street Address 175 Great Neck Rd | City Waterford | State CT | Zip Code 06385 |
| Principal Occupation Treasurer | Name of Employer Mallove's Jewlers | | |
| 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 type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/11/2018 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|---|---|---|---|
| Last Name Schwebel | First Elizabeth | MI C | Contribution ID # 0007 |
| Residential Street Address 110 Meeting House Ln | City Ledyard | State CT | Zip Code 06339 |
| Principal Occupation Sales Associate | Name of Employer Kohl's | | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 02112018A | 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 02/11/2018 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|---|---|---|---|
| Last Name de la Cruz | First Melissa | MI A | Contribution ID # 0019 |
| Residential Street Address 242 South Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation None | Name of Employer None | | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 02112018A | 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 02/11/2018 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

| | | | |
|---|----------------------------------|---|---|
| Last Name Thomas | First Ian | MI | Contribution ID # 0172 |
| Residential Street Address 159 Shennecossett Pkwy | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Shere | Name of Employer Shere | | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 02112018A | | Date Received 02/11/2018 | Aggregate Contributions \$15.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$15.00 | |

| | | | |
|---|---|---|--|
| Last Name Heede | First Conrad | MI F | Contribution ID # 0173 |
| Residential Street Address 58 Mirra Dr | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Hotel Management | Name of Employer Hersha Hospitality | | |
| 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 02/13/2018 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

| | | | |
|---|--|---|---|
| Last Name Fortner | First Jay | MI H | Contribution ID # 0174 |
| Residential Street Address 45 Prospect St | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Veterinarian | Name of Employer Pfizer Inc. | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 02/15/2018 | Aggregate Contributions \$15.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$15.00 | |

| | | | |
|---|------------------------------------|---|---|
| Last Name Fortner | First Cynthia | MI P | Contribution ID # 0175 |
| Residential Street Address 45 Prospect St | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Homemaker | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 02/15/2018 | Aggregate Contributions \$15.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$15.00 | |

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B. Itemized Contributions from Individuals

| | | | |
|--|--|---|--|
| Last Name Valdez | First Kammy | MI R | Contribution ID # 0062 |
| Residential Street Address 118 Ring Dr | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Homemaker | Name of Employer Homemaker | | |
| 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 02/17/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|--|
| Last Name Valdez | First Kallie | MI R | Contribution ID # 0060 |
| Residential Street Address 118 Ring Dr | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Student | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/17/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|---|
| Last Name Kelly | First Michael | MI J | Contribution ID # 0056 |
| Residential Street Address 167 Mirra Dr | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Engineer | Name of Employer Frontier Communications | | |
| 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 02/17/2018 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

| | | | |
|--|--|---|---|
| Last Name Kelly | First Gail | MI A | Contribution ID # 0057 |
| Residential Street Address 167 Mirra Dr | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Paraprofessional | Name of Employer Groton Board of Education | | |
| 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 02/17/2018 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|------------------------------------|
| Last Name Valdez | First Joshua | MI M | Contribution ID # 0058 |
| Residential Street Address 76 Ring Dr | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Pipefitter | Name of Employer US Department of Defense | | |
| 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 02/17/2018 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|---|--|---|-----------------------------------|
| Last Name Kelly | First Katelyn | MI R | Contribution ID # 0059 |
| Residential Street Address 167 Mirra Dr | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Paraprofessional | Name of Employer Groton Public Schools | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/17/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|---|--|---|---|
| Last Name Valdez | First Kallie | MI R | Contribution ID # 0060 |
| Residential Street Address 118 Ring Dr | City Groton | State CT | Zip Code 06340 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/17/2018 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|---|--|---|-----------------------------------|
| Last Name Valdez | First Joel | MI F | Contribution ID # 0061 |
| Residential Street Address 118 Ring Dr | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Technical Specialist | Name of Employer Pfizer | | |
| 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 02/17/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|--|
| Last Name Valdez | First Kammy | MI R | Contribution ID # 0062 |
| Residential Street Address 118 Ring Dr | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Homemaker | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/17/2018 | Aggregate Contributions \$10.00- \$5.00- |

| | | | |
|---|--|---|---|
| Last Name Hale | First David | MI | Contribution ID # 0076 |
| Residential Street Address 13 Meech Ave | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Electrician | Name of Employer IBEW Local 90 | | |
| 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 02/17/2018 | Aggregate Contributions \$25.00 \$25.00 |

| | | | |
|---|--|---|---|
| Last Name Zeppleri | First Paula | MI | Contribution ID # 0022 |
| Residential Street Address 35 Beach Pond Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/18/2018 | Aggregate Contributions \$150.00 \$100.00 |

| | | | |
|---|--|---|---|
| Last Name Zeppleri | First Joe | MI | Contribution ID # 0023 |
| Residential Street Address 35 Beach Pond Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Attorney | Name of Employer Self-Employed | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/18/2018 | Aggregate Contributions \$150.00 \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|---|
| Last Name Franco | First Rachael | MI E | Contribution ID # 0041 |
| Residential Street Address 28 Top Sail Ln | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Business Manager | Name of Employer Norwich Family Dental Associates | | |
| 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 02/18/2018 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|---|--|---|--|
| Last Name Gingerella | First Kayla | MI D | Contribution ID # 0176 |
| Residential Street Address 71 Midway Oval | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Server | Name of Employer Applebees | | |
| 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 02/18/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|---|--|---|--|
| Last Name Pray | First Joshua | MI R | Contribution ID # 0177 |
| Residential Street Address 71 Midway Oval | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Machinist | Name of Employer Electric Boat | | |
| 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 02/18/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|---|--|---|--|
| Last Name Cichy | First Ashley | MI N | Contribution ID # 0178 |
| Residential Street Address 95 Corey Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation EMT | Name of Employer Ambulance Service of Manchester | | |
| 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 02/18/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|---|
| Last Name Silva | First Richard | MI W | Contribution ID # 0179 |
| Residential Street Address 27 W Mystic Ave | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/19/2018 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|--|--|---|---|
| Last Name Silva | First Carol | MI A | Contribution ID # 0180 |
| Residential Street Address 27 W Mystic Ave | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/19/2018 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|--|--|---|--|
| Last Name Robertson | First Rosemary | MI J | Contribution ID # 0181 |
| Residential Street Address 7 Carol Ct | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Off Shift Nurse Leader | Name of Employer Yale New Haven Health | | |
| 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 02/20/2018 | Aggregate Contributions \$250.00 |
| | | Amount of Contribution \$250.00 | |

| | | | |
|--|--|---|--|
| Last Name Ball | First Eleanor | MI | Contribution ID # 0182 |
| Residential Street Address 8 Mill St | City Old Mystic | State CT | Zip Code 06372 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/22/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|---|
| Last Name Rebein | First Kevin | MI M | Contribution ID # 0183 |
| Residential Street Address 3 Maxson Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Dispatcher | Name of Employer Bulk Connection | | |
| 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 02/25/2018 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

| | | | |
|--|--|---|---|
| Last Name Rebein | First Raymond | MI D | Contribution ID # 0184 |
| Residential Street Address 238 Ring Dr | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/25/2018 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|--|--|---|---|
| Last Name Rebein | First Dawn | MI M | Contribution ID # 0185 |
| Residential Street Address 3 Maxson Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation PACS Assistant | Name of Employer Lawrence + Memorial Hospital | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/25/2018 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

| | | | |
|--|--|---|---|
| Last Name Martinez | First Julie | MI D | Contribution ID # 0186 |
| Residential Street Address 77 Corey Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Sonographer | Name of Employer Lawrence + Memorial Hospital | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/25/2018 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | | | |
|---|--|--|---|--|---|
| Last Name Conley | | First Christine | | MI | Contribution ID # 0187 |
| Residential Street Address 90 Crown Knoll Ct # 144 | | City Groton | | State CT | Zip Code 06340 |
| Principal Occupation Attorney | | | Name of Employer Law Office of Lori Comforti | | |
| 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 \$100.00 |
| 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 02/25/2018 | |
| | | | | Aggregate Contributions \$100.00 | |

| | | | | | |
|---|--|--|---|---|--|
| Last Name Beebe | | First Timothy | | MI J | Contribution ID # 0188 |
| Residential Street Address 90 Crown Knoll Ct # 144 | | City Groton | | State CT | Zip Code 06340 |
| Principal Occupation Vice President | | | Name of Employer American Cruise Lines | | |
| 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 \$50.00 |
| 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 02/25/2018 | |
| | | | | Aggregate Contributions \$50.00 | |

| | | | | | |
|---|--|--|---|---|--|
| Last Name Masciale | | First Mary Ellen | | MI | Contribution ID # 0189 |
| Residential Street Address 21 Crocker St | | City New London | | State CT | Zip Code 06320 |
| Principal Occupation Neurodiagnostic Technologist | | | Name of Employer Lawrence + Memorial Hospital | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution \$20.00 |
| 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 02/26/2018 | |
| | | | | Aggregate Contributions \$20.00 | |

| | | | | | |
|---|--|--|---|--|---|
| Last Name Neugent | | First Robert | | MI J | Contribution ID # 0087 |
| Residential Street Address 215 Yetter Rd | | City Mystic | | State CT | Zip Code 06355 |
| Principal Occupation Retired | | | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution \$100.00 |
| 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 02/26/2018 | |
| | | | | Aggregate Contributions \$100.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|-----------------------------|--|--|
| Last Name Levenson | First Marie | MI T | Contribution ID # 0088 |
| Residential Street Address 223 Ensign Dr | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution Date Received 03/01/2018 Aggregate Contributions \$25.00 \$25.00 |

| | | | |
|--|-----------------------------|--|--|
| Last Name Guilini | First Jane | MI S | Contribution ID # 0078 |
| Residential Street Address 899 Shennecossett Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution Date Received 03/01/2018 Aggregate Contributions \$25.00 \$25.00 |

| | | | |
|--|-----------------------------|--|--|
| Last Name Neugent | First Kathleen | MI C | Contribution ID # 0079 |
| Residential Street Address 215 Yetter Rd | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution Date Received 03/01/2018 Aggregate Contributions \$25.00 \$25.00 |

| | | | |
|--|-----------------------------------|--|--|
| Last Name Brouwer | First Steven | MI C | Contribution ID # 0080 |
| Residential Street Address 55 Lester St | City New London | State CT | Zip Code 06320 |
| Principal Occupation | Name of Employer Self Employed | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution Date Received 03/01/2018 Aggregate Contributions \$20.00 \$10.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|---|
| Last Name Brouwer | First Steven | MI | Contribution ID # 0080 |
| Residential Street Address 55 Lester St | City New London | State CT | Zip Code 06320 |
| Principal Occupation Landscaping | Name of Employer Self-Employed | | |
| 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 checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/01/2018 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|--|--|---|--|
| Last Name Whipple | First Lisa | MI M | Contribution ID # 0081 |
| Residential Street Address 201 Daniel Brown Dr | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Patient Biller | Name of Employer Pro Care Therapy | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/02/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|--|
| Last Name Jodoin | First Gabrielle | MI A | Contribution ID # 0082 |
| Residential Street Address 13 Mark Trl | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Receptionist | Name of Employer Waterhouse Salon | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/02/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|--|
| Last Name York | First Beth | MI | Contribution ID # 0083 |
| Residential Street Address 324 Thames St | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Barber | Name of Employer Danielle's Barber Shop | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/02/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Levenson | First Donald | MI H | Contribution ID # 0085 |
| Residential Street Address 223 Ensign Dr | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/02/2018 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Nicholas | First Wall | MI G | Contribution ID # 0077 |
| Residential Street Address 206 Flanders Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Project Manager | Name of Employer KBE Building Corporation | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/02/2018 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Rebein | First Sharon | MI M | Contribution ID # 0107 |
| Residential Street Address 238 Ring Dr | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/03/2018 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Primeaux | First Justin | MI | Contribution ID # 0086 |
| Residential Street Address 116 Elm St | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Owner | Name of Employer La Mañana Cafe | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/04/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|------------------------------------|--|---|
| Last Name Dicecco | First John | MI | Contribution ID # 0084 |
| Residential Street Address 1042 Poquonnock Rd # 16 | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/04/2018 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|---|--|---|
| Last Name Benedetto | First Julie | MI | Contribution ID # 0089 |
| Residential Street Address 116 Elm St | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Consultant | Name of Employer Beautycenter | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/04/2018 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|------------------------------------|--|---|
| Last Name White | First Nora | MI L | Contribution ID # 0190 |
| Residential Street Address 400 Bank St Apt 401 | City New London | State CT | Zip Code 06320 |
| Principal Occupation Operations Manager | Name of Employer Brigaid | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/04/2018 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|---|--|---|
| Last Name Greenfield | First Rebecca | MI S | Contribution ID # 0191 |
| Residential Street Address 60 Baker Ave | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Server | Name of Employer Milagro Cafe | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/04/2018 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|--|------------------------------------|
| Last Name Atwater | First Susan | MI E | Contribution ID # 0108 |
| Residential Street Address 18 Knotts Landing Cir | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/06/2018 | Aggregate Contributions \$15.00 |
| | | Amount of Contribution \$15.00 | |

| | | | |
|--|--|--|------------------------------------|
| Last Name Atwater | First David | MI L | Contribution ID # 0109 |
| Residential Street Address 18 Knotts Landing Cir | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/06/2018 | Aggregate Contributions \$15.00 |
| | | Amount of Contribution \$15.00 | |

| | | | |
|--|--|--|------------------------------------|
| Last Name Ventura | First James | MI C | Contribution ID # 0110 |
| Residential Street Address 82 Chapman St | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Sr. Design Draftsman | Name of Employer Dominion Energy | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/12/2018 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

| | | | |
|--|--|--|-----------------------------------|
| Last Name Monroe | First Allan | MI | Contribution ID # 0111 |
| Residential Street Address 95 Parkway South | City New London | State CT | Zip Code 06320 |
| Principal Occupation Electrical Designer | Name of Employer General Dynamics Electric Boat | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/12/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|------------------------------------|
| Last Name Pettway | First Warneika | MI C | Contribution ID # 0112 |
| Residential Street Address 22 Burgess Pl | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Sr. Electric Designer | Name of Employer General Dynamics Electric Boat | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | | Date Received 03/12/2018 | Aggregate Contributions \$20.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$20.00 | |

| | | | |
|---|-----------------------------|---|-----------------------------------|
| Last Name Heath | First Calvin | MI H | Contribution ID # 0113 |
| Residential Street Address 59 Lathrop Rd | City Quaker Hill | State CT | Zip Code 06375 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | | Date Received 03/12/2018 | Aggregate Contributions \$5.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$5.00 | |

| | | | |
|---|-----------------------------|---|-----------------------------------|
| Last Name Curtiss | First Shayne | MI K | Contribution ID # 0114 |
| Residential Street Address 14 Bristol St Apt 9 | City New London | State CT | Zip Code 06320 |
| Principal Occupation Sales Associate | Name of Employer Walmart | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | | Date Received 03/12/2018 | Aggregate Contributions \$5.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$5.00 | |

| | | | |
|---|--|---|-----------------------------------|
| Last Name Greason | First Paul | MI S | Contribution ID # 0115 |
| Residential Street Address 14 Birmingham Ctr | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Mechanic | Name of Employer Bowl New England, Inc. | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | | Date Received 03/12/2018 | Aggregate Contributions \$5.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|------------------------------------|--|--|
| Last Name Armstrong | First Terrence | MI | Contribution ID # 0116 |
| Residential Street Address 28 Florida St | City Groton | State CT | Zip Code 06340 |
| Principal Occupation | Name of Employer US Navy | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/12/2018 | Aggregate Contributions \$20.00- |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$10.00- | |

| | | | |
|--|------------------------------------|--|--|
| Last Name Suarez | First Edward | MI L | Contribution ID # 0117 |
| Residential Street Address 151 E St | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/12/2018 | Aggregate Contributions \$5.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$5.00 | |

| | | | |
|--|------------------------------------|--|--|
| Last Name Manahan | First Arthur | MI B | Contribution ID # 0118 |
| Residential Street Address 93 Heather Glen Ln | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Supply Tech | Name of Employer US Navy | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/12/2018 | Aggregate Contributions \$5.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$5.00 | |

| | | | |
|--|-------------------------------------|--|--|
| Last Name Green | First Jennifer | MI L | Contribution ID # 0119 |
| Residential Street Address 54 Mountain Ave | City New London | State CT | Zip Code 06320 |
| Principal Occupation Front Desk Assistant | Name of Employer Spartire | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/12/2018 | Aggregate Contributions \$5.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|--|-----------------------------------|
| Last Name Roleson | First Jack | MI L | Contribution ID # 0120 |
| Residential Street Address 899 Gungywamp Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Security | Name of Employer General Dynamics Electric Boat | | |
| 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 03/12/2018 | Aggregate Contributions \$5.00 |
| If yes, list Event # | | \$5.00 | |

| | | | |
|--|--|--|------------------------------------|
| Last Name Kasuga | First Richard | MI W | Contribution ID # 0121 |
| Residential Street Address 19 Hawthorne Dr Apt 106 | City New London | State CT | Zip Code 06320 |
| Principal Occupation Nuclear Engineer | Name of Employer Dominion Energy | | |
| 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 03/12/2018 | Aggregate Contributions \$20.00 |
| If yes, list Event # | | \$20.00 | |

| | | | |
|--|--|--|------------------------------------|
| Last Name Santos | First Leila | MI M | Contribution ID # 0122 |
| Residential Street Address 131 Breezy Knoll Dr | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? <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 03/12/2018 | Aggregate Contributions \$10.00 |
| If yes, list Event # | | \$10.00 | |

| | | | |
|--|--|--|-----------------------------------|
| Last Name Basila | First Mary Jane | MI L | Contribution ID # 0123 |
| Residential Street Address 119 Ring Dr | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Custodian | Name of Employer US Postal Service | | |
| 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 03/12/2018 | Aggregate Contributions \$5.00 |
| If yes, list Event # | | \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Bach | First Arthur | MI J | Contribution ID # 0124 |
| Residential Street Address 48 Cedar Grove Ter | City Essex | State CT | Zip Code 06426 |
| Principal Occupation Bloom Room Blueing Parts | Name of Employer Colt Manufacturing | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/12/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Post | First William | MI J | Contribution ID # 0125 |
| Residential Street Address 24 Hickory Dr | City Ledyard | State CT | Zip Code 06339 |
| Principal Occupation Carpenter | Name of Employer Post Construction | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/12/2018 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|---|--|---|-----------------------------------|
| Last Name Hancock | First Brian | MI J | Contribution ID # 0126 |
| Residential Street Address 24 Greenview Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Manager of IT | Name of Employer Town of Groton | | |
| 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 checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/12/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Perrin | First Brian | MI S | Contribution ID # 0127 |
| Residential Street Address 15 Sycamore Ln | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Machinist Mate | Name of Employer US Navy | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/12/2018 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
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B. Itemized Contributions from Individuals

| | | | |
|--|--|---|---|
| Last Name Palumbo | First Mark | MI A | Contribution ID # 0128 |
| Residential Street Address 34E Glenwood Rd | City Clinton | State CT | Zip Code 06413 |
| Principal Occupation President | Name of Employer Madison Avenue Salons | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/12/2018 | Aggregate Contributions \$55.00 |
| | | Amount of Contribution \$55.00 | |

| | | | |
|--|--|---|---|
| Last Name Ventura | First Maria | MI A | Contribution ID # 0129 |
| Residential Street Address 82 Chapman St | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Legal Secretary | Name of Employer Embry & Neusner | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/12/2018 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

| | | | |
|--|--|---|---|
| Last Name Armstrong | First Terrence | MI CT | Contribution ID # 0116 |
| Residential Street Address 28 Florida St | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Supply | Name of Employer US Navy | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/12/2018 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|--|--|---|---|
| Last Name Gravell | First Marie | MI A | Contribution ID # 0100 |
| Residential Street Address 41 Waller St | City New London | State CT | Zip Code 06320 |
| Principal Occupation Paraprofessional | Name of Employer City of New London | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/14/2018 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|------------------------------------|
| Last Name Galbraith | First Marian | MI K | Contribution ID # 0095 |
| Residential Street Address 771 Shennecossett Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/14/2018 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|---|--|---|------------------------------------|
| Last Name Gravel | First Marie | MI A | Contribution ID # 0100 |
| Residential Street Address 41 Waller St | City New London | State CT | Zip Code 06320 |
| Principal Occupation | Name of Employer City of New London | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/14/2018 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|---|--|---|------------------------------------|
| Last Name Baez | First Richard | MI | Contribution ID # 0101 |
| Residential Street Address 29 Aitchison Dr | City New London | State CT | Zip Code 06320 |
| Principal Occupation Teacher | Name of Employer New London Public Schools | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/14/2018 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

| | | | |
|---|--|---|-----------------------------------|
| Last Name Wilson | First Earl | MI J | Contribution ID # 0102 |
| Residential Street Address 44 Robinson St | City New London | State CT | Zip Code 06320 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/14/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

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|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
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B. Itemized Contributions from Individuals

| | | | |
|--|--|--|------------------------------------|
| Last Name Reiser | First Tracee | MI | Contribution ID # 0103 |
| Residential Street Address 148 Garden Ave | City New London | State CT | Zip Code 06320 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/14/2018 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|--|--|--|-----------------------------------|
| Last Name Martin | First Rich | MI L | Contribution ID # 0104 |
| Residential Street Address 2 Union St # B1 | City New London | State CT | Zip Code 06320 |
| Principal Occupation Manager | Name of Employer Side Door Jazz Club | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/14/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|--|------------------------------------|
| Last Name Rubin | First Paul | MI S | Contribution ID # 0105 |
| Residential Street Address 35 Union St Apt 236 | City New London | State CT | Zip Code 06320 |
| Principal Occupation Poker Player | Name of Employer Self-Employed | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/14/2018 | Aggregate Contributions \$15.00 |
| | | Amount of Contribution \$15.00 | |

| | | | |
|--|--|--|------------------------------------|
| Last Name Natusch | First Laura | MI A | Contribution ID # 0106 |
| Residential Street Address 7 Mountain Ave | City New London | State CT | Zip Code 06320 |
| Principal Occupation Executive Director | Name of Employer New London Landmarks | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/14/2018 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|--|------------------------------------|
| Last Name Roper | First Peter | MI G | Contribution ID # 0132 |
| Residential Street Address 210 Pequot Ave | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Carpenter | Name of Employer Three Rs Co. | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/17/2018 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|--|--|--|------------------------------------|
| Last Name Semeraro | First Richard | MI A | Contribution ID # 0137 |
| Residential Street Address 202 High St | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/17/2018 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|--|--|--|------------------------------------|
| Last Name Semeraro | First Dana | MI S | Contribution ID # 0138 |
| Residential Street Address 202 High St | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/17/2018 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|--|--|--|------------------------------------|
| Last Name Wehling | First Jeanne | MI | Contribution ID # 0094 |
| Residential Street Address 45 Driscoll Dr | City Uncasville | State CT | Zip Code 06382 |
| Principal Occupation RN | Name of Employer Lawrence + Memorial Hospital | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/17/2018 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

I. MONETARY RECEIPTS (Section A-I)

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| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
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B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Jones | First Kenneth | MI K | Contribution ID # 0096 |
| Residential Street Address 771 Shennecossett Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/18/2018 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Johnson | First Kenneth | MI K | Contribution ID # 0097 |
| Residential Street Address 243 Ring Dr | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/18/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Foster | First Marie | MI A | Contribution ID # 0098 |
| Residential Street Address 246 Ring Dr | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Laundry | Name of Employer Bayview Healthcare | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/18/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Welles | First Ann | MI E | Contribution ID # 0099 |
| Residential Street Address 5 Route 27 | City Mystic | State CT | Zip Code 06372 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/18/2018 | Aggregate Contributions \$250.00 |
| | | Amount of Contribution \$250.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Valdez | First Arturo | MI F | Contribution ID # 0090 |
| Residential Street Address 246 Ring Dr | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Farmer | Name of Employer Self-Employed | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/18/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Beauchamp | First Ethel | MI | Contribution ID # 0091 |
| Residential Street Address 9 Donna Dr | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/18/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Booth | First Margaret | MI L | Contribution ID # 0092 |
| Residential Street Address 313 Ring Dr | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/18/2018 | Aggregate Contributions \$15.00 |
| | | Amount of Contribution \$15.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Booth | First Howard | MI | Contribution ID # 0093 |
| Residential Street Address 313 Ring Dr | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/18/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|------------------------------------|
| Last Name Roper | First Teresa | MI J | Contribution ID # 0131 |
| Residential Street Address 210 Pequot Ave | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Floral Designer | Name of Employer Pot of Green | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/18/2018 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$10.00 |

| | | | |
|---|--|---|-------------------------------------|
| Last Name Davis | First Paul | MI S | Contribution ID # 0162 |
| Residential Street Address 281 State St | City New London | State CT | Zip Code 06320 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/20/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|---|--|---|------------------------------------|
| Last Name Reardon | First Patricia | MI C | Contribution ID # 0163 |
| Residential Street Address Nauaug Point Road | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/26/2018 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|---|--|---|------------------------------------|
| Last Name Brady | First John | MI | Contribution ID # 0164 |
| Residential Street Address 159 Snake Meadow Rd | City Sterling | State CT | Zip Code 06377 |
| Principal Occupation Vice President | Name of Employer AFT Connecticut | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/30/2018 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|--|
| Last Name Bass | First Elissa | MI | Contribution ID # 0150 |
| Residential Street Address 203 N Main St | City Stonington | State CT | Zip Code 06378 |
| Principal Occupation Marketing | Name of Employer Mystic Seaport | | |
| 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 type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/30/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|--|
| Last Name Carey | First Sue | MI | Contribution ID # 0151 |
| Residential Street Address 27 Allen Dr Unit A | City Montville | State CT | Zip Code 06382 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/30/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|---|
| Last Name Burke | First James | MI | Contribution ID # 0152 |
| Residential Street Address 52 Huntington St | City New London | State CT | Zip Code 06320 |
| Principal Occupation Manager | Name of Employer Fiddleheads Food Co-op | | |
| 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 type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/30/2018 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|--|--|---|---|
| Last Name Silsby | First Robin | MI | Contribution ID # 0153 |
| Residential Street Address 74 Sharon Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/30/2018 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Siegels-Miles | First Alyssa | MI | Contribution ID # 0154 |
| Residential Street Address 712 Colonel Ledyard Hwy | City Ledyard | State CT | Zip Code 06339 |
| Principal Occupation Researcher | Name of Employer University of Connecticut | | |
| 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 type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/30/2018 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Stevens | First Charles | MI | Contribution ID # 0155 |
| Residential Street Address 12 Stony Hill Dr | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/30/2018 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Welles | First Gary | MI R | Contribution ID # 0156 |
| Residential Street Address 5 Route 27 | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/30/2018 | Aggregate Contributions \$120.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Murphy | First Patrick | MI | Contribution ID # 0157 |
| Residential Street Address 593 Vauxhall Street Ext | City Waterford | State CT | Zip Code 06385 |
| Principal Occupation RN | Name of Employer Community Health Center | | |
| 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 type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/30/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--------------------|--|------------------------------------|
| Last Name Ward | First Ron | MI | Contribution ID # 0158 |
| Residential Street Address 132 Ocean Ave | City New London | State CT | Zip Code 06320 |
| Principal Occupation Student | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/30/2018 | Aggregate Contributions \$25.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$25.00 | |

| | | | |
|--|-----------------------------|--|------------------------------------|
| Last Name Pulaski | First Doris | MI | Contribution ID # 0159 |
| Residential Street Address 224 Shore Ave | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/30/2018 | Aggregate Contributions \$25.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$25.00 | |

| | | | |
|--|---------------------------------------|--|------------------------------------|
| Last Name Richards | First Jonathan | MI | Contribution ID # 0160 |
| Residential Street Address 78 Algonquin Dr | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Mechanical Engineer | Name of Employer Associated Spring | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/30/2018 | Aggregate Contributions \$10.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$10.00 | |

| | | | |
|--|-----------------------------------|--|-------------------------------------|
| Last Name White | First Lee | MI | Contribution ID # 0139 |
| Residential Street Address 372 Meridan Street Ext | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Writer | Name of Employer Self-Employed | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/30/2018 | Aggregate Contributions \$175.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|--|------------------------------------|
| Last Name Hilbert | First Frank | MI C | Contribution ID # 0140 |
| Residential Street Address 43 Ensign Dr | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Chief | Name of Employer Mystic Fire District | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/30/2018 |
| | | Aggregate Contributions \$200.00 | Amount of Contribution \$200.00 |

| | | | |
|--|---------------------------------------|--|-----------------------------------|
| Last Name Bresnahan | First Holly | MI H | Contribution ID # 0133 |
| Residential Street Address 410 Brook St | City Noank | State CT | Zip Code 06340 |
| Principal Occupation Flight Attendant | Name of Employer American Airlines | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/30/2018 |
| | | Aggregate Contributions \$25.00 | Amount of Contribution \$25.00 |

| | | | |
|--|---|--|-----------------------------------|
| Last Name Bresnahan | First Jeffrey | MI C | Contribution ID # 0134 |
| Residential Street Address 410 Brook St | City Noank | State CT | Zip Code 06340 |
| Principal Occupation Coach | Name of Employer Connecticut College | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/30/2018 |
| | | Aggregate Contributions \$25.00 | Amount of Contribution \$25.00 |

| | | | |
|--|------------------|--|-----------------------------------|
| Last Name Bresnahan | First Molly | MI | Contribution ID # 0135 |
| Residential Street Address 410 Brook St | City Noank | State CT | Zip Code 06340 |
| Principal Occupation Student | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/30/2018 |
| | | Aggregate Contributions \$25.00 | Amount of Contribution \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|-------------------------|--|--|
| Last Name Bresnahan | First Charles | MI | Contribution ID # 0136 |
| Residential Street Address 410 Brook St | City Noank | State CT | Zip Code 06340 |
| Principal Occupation Student | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/30/2018 |
| | | Aggregate Contributions \$25.00 | Amount of Contribution \$25.00 |

| | | | |
|---|--------------------------|--|---|
| Last Name Simons | First Bill | MI | Contribution ID # 0141 |
| Residential Street Address 17 Plantsdam Rd | City East Lyme | State CT | Zip Code 06333 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/31/2018 |
| | | Aggregate Contributions \$200.00 | Amount of Contribution \$100.00 |

| | | | |
|---|---|--|---|
| Last Name Milstein | First Jeanne | MI M | Contribution ID # 0142 |
| Residential Street Address 14 Neptune Ave | City New London | State CT | Zip Code 06320 |
| Principal Occupation Director of Human Services | Name of Employer City of New London | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/31/2018 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|---|--|--|---|
| Last Name Dolan | First Nancy | MI E | Contribution ID # 0143 |
| Residential Street Address 99 Niles Hill Rd | City New London | State CT | Zip Code 06320 |
| Principal Occupation Bookstore Manager | Name of Employer Follett Corporation | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/31/2018 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Venditto | First Don | MI | Contribution ID # 0144 |
| Residential Street Address Gardner Avenue | City New London | State CT | Zip Code 06320 |
| Principal Occupation Vice President | Name of Employer Sonalyst | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/31/2018 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Passero | First Mary | MI | Contribution ID # 0145 |
| Residential Street Address 46 Admiral Dr | City New London | State CT | Zip Code 06320 |
| Principal Occupation RN | Name of Employer Lawrence + Memorial Hospital | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/31/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Passero | First Elizabeth | MI | Contribution ID # 0146 |
| Residential Street Address 46 Admiral Dr | City New London | State CT | Zip Code 06320 |
| Principal Occupation MAT Program Manager | Name of Employer Stonington Institute | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/31/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Marx | First Martha | MI E | Contribution ID # 0161 |
| Residential Street Address 4 Harbor Ln | City New London | State CT | Zip Code 06320 |
| Principal Occupation RN | Name of Employer Visiting Nurse Association of Southeastern Connect | | |
| 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 type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/31/2018 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$25.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|--|----------------------------------|
| Last Name Valdez | First Kyle | MI | Contribution ID # 0165 |
| Residential Street Address 246 Ring Dr | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Energy | Name of Employer DEF Services Group | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/31/2018 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|--|--|----------------------------------|
| Last Name de la Cruz | First Tammy | MI K | Contribution ID # 0166 |
| Residential Street Address 95 Corey Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation PACS Assistant | Name of Employer Lawrence + Memorial Hospital | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/31/2018 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|--------------------------|--|-----------------------------------|
| Last Name Bumgardner | First Aundré | MI | Contribution ID # 0167 |
| Residential Street Address 584 Shennecossett Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Consultant | Name of Employer NCDC | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/31/2018 |
| | | Aggregate Contributions \$25.00 | Amount of Contribution \$25.00 |

| | | | |
|--|--|--|-----------------------------------|
| Last Name Bumgardner | First Elizabeth | MI | Contribution ID # 0168 |
| Residential Street Address 584 Shennecossett Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Principal | Name of Employer Windham Public Schools | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/31/2018 |
| | | Aggregate Contributions \$20.00 | Amount of Contribution \$20.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|--|
| Last Name Bumgardner | First Lourdes | MI | Contribution ID # 0169 |
| Residential Street Address 584 Shennecossett Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Student | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/31/2018 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|---|--|---|---|
| Last Name Davis | First Darlene | MI | Contribution ID # 0130 |
| Residential Street Address 4 Riverview Pl | City Quaker Hill | State CT | Zip Code 06375 |
| Principal Occupation Sourcing Director | Name of Employer Jones Lang LaSalle | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/31/2018 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|---|--|---|--|
| Last Name Simons | First Bill | MI | Contribution ID # 0141 |
| Residential Street Address 17 Plantsdam Rd | City East Lyme | State CT | Zip Code 06333 |
| Principal Occupation Owner | Name of Employer East Lyme Driving Range | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/31/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|--|--|-------------------|
| Total of Section B | | | \$5,625.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS | | | \$5,625.00 |

(Sections A + B) (Total on Line 14, Column A of Summary Page)

I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|-----------------------------|
| delacruz 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? | | Amount of Contribution | |
| | | Yes No | | | |
| City | | State | Zip Code | Date Received | Aggregate Contributions |
| | | | | | |

Total of Section C1**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE | TYPE OF REPORT |
|-------------------|-----------------------------|
| delacruz 2018 | April 10 Filing - Amendment |

C2. Reimbursements or Surplus Distributions from other Committees

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

Total of Section C2

I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE | TYPE OF REPORT |
|-------------------|-----------------------------|
| delacruz 2018 | April 10 Filing - Amendment |

D. Loans Received this Period

| Name of Lender | Source of Loan: | | | | Date of Receipt |
|--|-----------------|-----------|------------|----------|--|
| | Bank | Candidate | Individual | Other | |
| Street Address | City | | State | Zip Code | Is there a cosigner or Guarantor of this loan? Yes No |
| Name of Cosigner/Guarantor (if applicable) | | | | | Amount Received |
| Street Address | City | | State | Zip Code | |
| Total of Section D | | | | | |

I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE | TYPE OF REPORT |
|-------------------|-----------------------------|
| delacruz 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 | |
| Total of Section E | | | | |

I. Monetary Receipts (Section A-I)

| NAME OF COMMITTEE | TYPE OF REPORT |
|-------------------|-----------------------------|
| delacruz 2018 | April 10 Filing - Amendment |

G. Interest from Deposits in Authorized Accounts

| Name of Institution | Date Received | | Amount |
|---------------------------|---------------|-------|----------|
| Street Address | City | State | Zip Code |
| Total of Section G | | | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|-------------------|-----------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| delacruz 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 | | |

Total of Section H

I. MONETARY RECEIPTS (Section A-I)

| | |
|-------------------|-----------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| delacruz 2018 | April 10 Filing - Amendment |

I. Miscellaneous Monetary Receipts not Considered Contributions

| Name | Date of Transaction | Amount Received |
|---|---------------------|-----------------|
| Street Address City State Zip Code | | |
| Description | | |

Total of Section I

II. EVENT ACTIVITY (Sections J1 - J4)

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

J1. Event Information

| | | | | |
|---|-------------|--|---|-------------------|
| Event # Date of Event 02/11/2018 | Letter A | Description Meet and Greet Event | Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Location: Street Address 90 Plaza Ct | | City Groton | State CT | Zip Code 06340 |
| Was this event hosted at a personal residence? | | <input type="checkbox"/> 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. | |
| | | <input checked="" type="checkbox"/> 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? | | <input type="checkbox"/> Yes | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. | |
| | | <input checked="" type="checkbox"/> No | | |
| Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | | <input type="checkbox"/> Yes | (If yes, enter Total Receipts here.) | |
| | | <input checked="" type="checkbox"/> No | \$0.00 | |
| Total of Section J1 | | | \$0.00 | |

II. EVENT ACTIVITY (Sections J1 - J4)

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

J3. In-Kind Donations Not Considered Contributions

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

Total of Section J3

II. EVENT ACTIVITY (Sections J1 - J4)

| | |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| delacruz 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 | |
| Street Address | | City | State Zip Code |
| Description of Donation | | | Fair Market Value of Donation |
| Event # | Aggregate value of this Event - all hosts | Aggregate value of all Events - this host/candidate | |

Total of Section J4**III. NONMONETARY RECEIPTS (Sections K - L)**

| | |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| delacruz 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 |
|---|-----------------------------|
| delacruz 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 | | | Amount of Deposit |
| Street Address | City | State | |
| Total of Section L | | | |

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

| | | | | |
|--|--|--------------------------------------|---|--------------------------|
| Name of Payee DNA Campaigns LLC | | Date of Payment 02/09/2018 | Method of Payment <input checked="" type="checkbox"/> Check # 0105 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 800 Village Walk # 248 | | City Guilford | State CT | Zip Code 06437 |
| Purpose of Expend CNSLT | Description Initial Retainer Fee | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$360.00 |

| | | | | |
|---|--|--------------------------------------|---|--------------------------|
| Name of Payee DNA Campaigns LLC | | Date of Payment 02/09/2018 | Method of Payment <input checked="" type="checkbox"/> Check # 0105 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 800 Village Walk # 248 | | City Guilford | State CT | Zip Code 06437 |
| Purpose of Expend CNSLT | Description Initial Retainer Fee | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$360.00 |

| | | | | |
|---|-------------------------------------|--------------------------------------|---|--------------------------|
| Name of Payee Anedot | | Date of Payment 02/11/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address Third Street, Suite 2B | | City Baton Rouge | State LA | Zip Code 70801 |
| Purpose of Expend BNK | Description Fee Transfers | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$0.50 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| delacruz 2018 | April 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|-------------------------------------|--------------------------------------|---|--------------------------|
| Name of Payee Anedot | | Date of Payment 02/11/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address Third Street, Suite 2B | | City Baton Rouge | State LA | Zip Code 70801 |
| Purpose of Expend BNK | Description Fee Transfers | | Amount \$4.30 | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | | |

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|---|-------------------------------------|--------------------------------------|---|--------------------------|
| Name of Payee Anedot | | Date of Payment 02/11/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address Third Street, Suite 2B | | City Baton Rouge | State LA | Zip Code 70801 |
| Purpose of Expend BNK | Description Fee Transfers | | Amount \$1.30 | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | | |

| | | | | |
|---|---|--------------------------------------|---|--------------------------|
| Name of Payee DNA Campaigns LLC | | Date of Payment 02/22/2018 | Method of Payment <input checked="" type="checkbox"/> Check # 0106 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 800 Village Walk # 248 | | City Guilford | State CT | Zip Code 06437 |
| Purpose of Expend WEB | Description Contribution Page & URL for 2 Years | | Amount \$377.34 | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | | |

IV. EXPENDITURES (Sections N - S)

| | |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| delacruz 2018 | April 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|--|---|--------------------------------------|---|-------------------------------|
| Name of Payee DNA Campaigns LLC | | Date of Payment 02/22/2018 | Method of Payment <input checked="" type="checkbox"/> Check # 0106 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 800 Village Walk # 248 | | City Guilford | State CT | Zip Code 06437 |
| Purpose of Expend WEB | Description Contribution Page & URL for 2 Years | | | Amount \$377.34 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | |

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|--|------------------------------------|--------------------------------------|---|-------------------------------|
| Name of Payee DNA Campaigns LLC | | Date of Payment 03/01/2018 | Method of Payment <input checked="" type="checkbox"/> Check # 0107 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 800 Village Walk # 248 | | City Guilford | State CT | Zip Code 06437 |
| Purpose of Expend CNSLT | Description Retainer | | | Amount \$360.00 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | |

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|---|--------------------------------|--------------------------------------|---|-------------------------------|
| Name of Payee DNA Campaigns LLC | | Date of Payment 03/01/2018 | Method of Payment <input checked="" type="checkbox"/> Check # 0107 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 800 Village Walk # 248 | | City Guilford | State CT | Zip Code 06437 |
| Purpose of Expend CNSLT | Description Retainer | | | Amount \$360.00 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | |

IV. EXPENDITURES (Sections N - S)

| | |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| delacruz 2018 | April 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

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|---|-------------------------------------|--------------------------------------|---|--------------------------|
| Name of Payee Anedot | | Date of Payment 03/30/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address Third Street, Suite 2B | | City Baton Rouge | State LA | Zip Code 70801 |
| Purpose of Expend BNK | Description Fee Transfers | | Amount \$2.30 | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | | |

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|---|-------------------------------------|--------------------------------------|---|--------------------------|
| Name of Payee Anedot | | Date of Payment 03/30/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address Third Street, Suite 2B | | City Baton Rouge | State LA | Zip Code 70801 |
| Purpose of Expend BNK | Description Fee Transfers | | Amount \$4.30 | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | | |

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|---|-------------------------------------|--------------------------------------|---|--------------------------|
| Name of Payee Anedot | | Date of Payment 03/30/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address Third Street, Suite 2B | | City Baton Rouge | State LA | Zip Code 70801 |
| Purpose of Expend BNK | Description Fee Transfers | | Amount \$0.50 | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | | |

IV. EXPENDITURES (Sections N - S)

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|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| delacruz 2018 | April 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

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|---|-------------------------------------|--|---|--------------------------|
| Name of Payee Anedot | | Date of Payment 03/30/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address Third Street, Suite 2B | | City Baton Rouge | State LA | Zip Code 70801 |
| Purpose of Expend BNK | Description Fee Transfers | | | 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 # |
| | | | | \$1.30 |

| | | | | |
|---|-------------------------------------|--|---|--------------------------|
| Name of Payee Anedot | | Date of Payment 03/30/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address Third Street, Suite 2B | | City Baton Rouge | State LA | Zip Code 70801 |
| Purpose of Expend BNK | Description Fee Transfers | | | 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 # |
| | | | | \$1.30 |

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|---|-------------------------------------|--|---|--------------------------|
| Name of Payee Anedot | | Date of Payment 03/30/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address Third Street, Suite 2B | | City Baton Rouge | State LA | Zip Code 70801 |
| Purpose of Expend BNK | Description Fee Transfers | | | 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 # |
| | | | | \$0.70 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| delacruz 2018 | April 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

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|---|-------------------------------------|--------------------------------------|---|--------------------------|
| Name of Payee Anedot | | Date of Payment 03/30/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address Third Street, Suite 2B | | City Baton Rouge | State LA | Zip Code 70801 |
| Purpose of Expend BNK | Description Fee Transfers | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$0.50 |

| | | | | |
|---|-------------------------------------|--------------------------------------|---|--------------------------|
| Name of Payee Anedot | | Date of Payment 03/30/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address Third Street, Suite 2B | | City Baton Rouge | State LA | Zip Code 70801 |
| Purpose of Expend BNK | Description Fee Transfers | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$0.50 |

| | | | | |
|---|-------------------------------------|--------------------------------------|---|--------------------------|
| Name of Payee Anedot | | Date of Payment 03/30/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address Third Street, Suite 2B | | City Baton Rouge | State LA | Zip Code 70801 |
| Purpose of Expend BNK | Description Fee Transfers | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$0.70 |

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

delacruz 2018

April 10 Filing - Amendment

N. Expenses Paid By Committee

| | | | | |
|---|-------------------------------------|--|---|--------------------------|
| Name of Payee Anedot | | Date of Payment 03/30/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address Third Street, Suite 2B | | City Baton Rouge | State LA | Zip Code 70801 |
| Purpose of Expend BNK | Description Fee Transfers | | | 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 # |
| | | | | \$1.30 |
| Name of Payee Anedot | | Date of Payment 03/30/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address Third Street, Suite 2B | | City Baton Rouge | State LA | Zip Code 70801 |
| Purpose of Expend BNK | Description Fee Transfers | | | 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 # |
| | | | | \$0.70 |
| Name of Payee Anedot | | Date of Payment 03/31/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address Third Street, Suite 2B | | City Baton Rouge | State LA | Zip Code 70801 |
| Purpose of Expend BNK | Description Fee Transfers | | | 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 # |
| | | | | \$1.30 |

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

| | | | | |
|--|---------------------------------------|--------------------------------------|---|------------------------------|
| Name of Payee Anedot | | Date of Payment 03/31/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address Third Street, Suite 2B | | City Baton Rouge | State LA | Zip Code 70801 |
| Purpose of Expend BNK | Description Fee Refunds | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$24.10 |
| Total of Section N | | | | \$1,118.84 |

IV. EXPENDITURES (Sections N - S)

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

O. Expenses Paid By Candidate

| | | | | |
|--|-------------|-----------------|--|--------|
| Name of Payee (Name of vendor who candidate paid directly) | | Date of Payment | Is Reimbursement Claimed? Yes No | |
| Street Address | City | State | Zip Code | Amount |
| Purpose of Expenditure (by code) | Description | | Event # | |
| Total of Section O | | | | |

| IV. EXPENDITURES (Sections N - S) | | | | | |
|---|-------------|-----------|--|-----------------------------|---------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | TYPE OF REPORT | |
| delacruz 2018 | | | | April 10 Filing - Amendment | |
| P. Expenses Incurred on Committee Credit Card | | | | | |
| 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 | | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Yes No | Expenditure # (if applicable) | Event # | |
| If yes, assign an Expenditure # and complete Itemization in Addendum | | | | | |
| Total of Section P | | | | | |

| IV. EXPENDITURES (Sections N - S) | | | | | |
|---|-------------|-----------|-------------------------------|-----------------------------|--------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | TYPE OF REPORT | |
| delacruz 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 (by code) | Description | | | | Amount Incurred (Estimate or Actual) |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Yes No | Expenditure # (if applicable) | Event # | |
| If yes, assign an Expenditure # and completes Itemization in Addendum Q | | | | | |
| Total of Section Q | | | | | |

IV. EXPENDITURES (Sections N - S)

| | |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| delacruz 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 | | | | |
| Total of Section R | | | | |

IV. EXPENDITURES (Sectuibs N - S)

| | |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| delacruz 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 | | | | |
| Total of Section S | | | | |

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

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

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

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

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