



COVER PAGE

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
Kurt for CT			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First John	MI P	Last Marini		Suffix	
4. TREASURER ADDRESS					
Street Address 11 Hawley Dr	City Ansonia	State CT	Zip Code 06401		
5. ELECTION DATE 11/06/2018	6. OFFICE SOUGHT (Complete only if Candidate Committee) State Comptroller			7. DISTRICT NUMBER (if applicable)	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First William	MI K	Last Miller		Suffix	
9. TYPE OF REPORT					
First Weekly Supplemental Filing Primary - Amendment					
10. PERIOD COVERED					
Beginning Date		Ending Date			
07/01/2018		thru		07/17/2018	
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	John Marini	09/09/2018 8:39:00PM			
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED			
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.					

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Kurt for CT	First Weekly Supplemental Filing Primary - 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	\$9,085.37	
14. Contributions received from Individuals (Section A and B)	\$2,600.00	\$34,420.52
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$6,594.50
16. Other Monetary Receipts (Section D through I)	\$0.00	\$0.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$2,600.00	\$41,015.02
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$11,685.37	\$41,015.02
20. Expenses Paid by Committee (Section N)	\$3,219.64	\$32,549.29
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$8,465.73	\$8,465.73
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$40.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$458.25	\$1,062.32
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)	\$4,916.67	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	First Weekly Supplemental Filing Primary - Amendment

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

Last Name STEWART	First CAROLYN	MI	Contribution ID # 0557
Residential Street Address 5 Tolland Cir	City Simsbury	State CT	Zip Code 06070-1225
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 07/01/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name MULLEN	First JOHN	MI E	Contribution ID # 0558
Residential Street Address 89 Iron Ore Hill Rd	City Bridgewater	State CT	Zip Code 06752
Principal Occupation ORTHOPEDIC SURGEON	Name of Employer ORTHOCONNECTICUT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 07/01/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Depino	First Chris	MI	Contribution ID # 0559
Residential Street Address 58 Cosey Beach Ave	City East Haven	State CT	Zip Code 06512
Principal Occupation LOBBYIST	Name of Employer DEPINO NUNEZ BIGGS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/01/2018	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
Kurt for CT	First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name DAMJANOVICH	First DAJANA	MI	Contribution ID # 0554
Residential Street Address 16 Joseph Dr	City Oxford	State CT	Zip Code 06478
Principal Occupation DESIGNER	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 #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/02/2018	Aggregate Contributions \$40.00
		Amount of Contribution \$40.00	

Last Name TURNER	First MARY	MI A	Contribution ID # 0555
Residential Street Address 7 Meadow Rd	City Enfield	State CT	Zip Code 06082
Principal Occupation OWNER	Name of Employer PROJECTS UNLIMITED		
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 type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/02/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Baldwin	First James	MI	Contribution ID # 0556
Residential Street Address 58 Canfield Rd	City Seymour	State CT	Zip Code 06483
Principal Occupation Building Official	Name of Employer Town of Seymour		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/02/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$50.00	

Last Name DECILIO	First SHERYL	MI A	Contribution ID # 0553
Residential Street Address 160 Timber Ridge Rd	City Stratford	State CT	Zip Code 06614
Principal Occupation VP FINANCE	Name of Employer WESTCHESTER MEDICAL CENTER		
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 type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/09/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name Silhavey	First Christopher	MI E	Contribution ID # 1088
Residential Street Address 111 Hickory Woods Ln	City Stratford	State CT	Zip Code 06614
Principal Occupation Technology Consultant	Name of Employer Accenture		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 07/09/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$50.00	

Last Name CABRAL	First WILLIAM	MI O	Contribution ID # 1089
Residential Street Address 1034 E Main St	City Stratford	State CT	Zip Code 06614
Principal Occupation MANAGER	Name of Employer MPI		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 07/09/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name PAQUETTE	First MARGARET	MI S	Contribution ID # 1090
Residential Street Address 40 California St Unit B16	City Stratford	State CT	Zip Code 06615
Principal Occupation COUNCIL CLERK	Name of Employer TOWN OF STRATFORD		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 07/09/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name BOOK	First ETHAN	MI	Contribution ID # 1091
Residential Street Address 144 Coleman St	City Bridgeport	State CT	Zip Code 06604
Principal Occupation OWNER AND OPERATOR	Name of Employer NEW ENGLAND LIMOUSINE SERVICES OF FAIRFIELD		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 07/09/2018	Aggregate Contributions \$40.00
		Amount of Contribution \$40.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name FREDETTE	First RICHARD	MI F	Contribution ID # 1111
Residential Street Address 73 Ferry Ct	City Stratford	State CT	Zip Code 06615
Principal Occupation BLIGHT ENFORCEMENT OFFICER	Name of Employer TOWN OF STRATFORD		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 07/09/2018	Aggregate Contributions \$60.00
		Amount of Contribution \$60.00	

Last Name Proto	First Robyn	MI D	Contribution ID # 1112
Residential Street Address 2090 Cutspring Rd	City Stratford	State CT	Zip Code 06614
Principal Occupation School Administrator	Name of Employer Cooperative Educational Services		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/09/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name DECILIO	First DANIEL	MI A	Contribution ID # 1113
Residential Street Address 160 Timber Ridge Rd	City Stratford	State CT	Zip Code 06614
Principal Occupation STAFF	Name of Employer RIVERVIEW BISTRO		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 07/09/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name MALONEY	First BRIAN	MI C	Contribution ID # 1114
Residential Street Address 8 Pond St	City Seymour	State CT	Zip Code 06483
Principal Occupation STUDENT	Name of Employer B&B ENGINEERING		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 07/09/2018	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
Kurt for CT	First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name HILLER	First PATRICIA	MI B	Contribution ID # 1115
Residential Street Address 2745 Burr St	City Fairfield	State CT	Zip Code 06824
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 07/09/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name HARKINS	First JOHN	MI A	Contribution ID # 1143
Residential Street Address 631A Onandaga Ln	City Stratford	State CT	Zip Code 06614
Principal Occupation LOBBYIST	Name of Employer MOLTER GOVERNMENT AFFAIRS, 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/09/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name FRANCE	First MIKE	MI	Contribution ID # 0551
Residential Street Address 17 Garden Dr	City Gales Ferry	State CT	Zip Code 06335
Principal Occupation ENGINEERING MANAGER	Name of Employer PROGENY SYSTEMS CORP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 07/11/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Fuimara	First VINCENT	MI	Contribution ID # 0552
Residential Street Address 55 Normandy Rd	City Trumbull	State CT	Zip Code 06611
Principal Occupation GENERAL CONTRACTOR	Name of Employer MEDITERRANEAN 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 type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/11/2018	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
Kurt for CT	First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name CAPPIELLO	First DAVID	MI	Contribution ID # 0549
Residential Street Address 31 Old Farm Hill Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation GOVERNMENT RELATIONS	Name of Employer CAPITOL HILL GROUP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 07/12/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name TESSIER	First RYAN	MI	Contribution ID # 0550
Residential Street Address 11 Red Oak Ln	City Seymour	State CT	Zip Code 06483
Principal Occupation OFFICEX MANAGER	Name of Employer NAPOLI INDOOR AUTO OUTLET		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 07/12/2018
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

Last Name DORAN	First MARY	MI A	Contribution ID # 0541
Residential Street Address 5 Strawberry Hill Rd	City Danbury	State CT	Zip Code 06811
Principal Occupation REGISGTRAR OF VOTERS	Name of Employer CITY OF DANBURY		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 07/15/2018
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name KENWORTHY	First JUSTIN	MI M	Contribution ID # 0542
Residential Street Address 552 Upper Grassy Hill Rd	City Woodbury	State CT	Zip Code 06798
Principal Occupation MANAGER	Name of Employer ACE HARDWARE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 07/15/2018
		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
Kurt for CT	First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name CORTELLO, SR	First LOUIS	MI S	Contribution ID # 0543
Residential Street Address 23 Patrick Dr	City Seymour	State CT	Zip Code 06483
Principal Occupation POLICE SGT	Name of Employer BRIDGEPORT POLICE DEPARTMENT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 07/15/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name ADAMO	First CHRISTOPHER	MI	Contribution ID # 0544
Residential Street Address 4 Cross Creek Ln	City Seymour	State CT	Zip Code 06483
Principal Occupation MANAGER	Name of Employer UNIPHARM INC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/15/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name GUERTIN	First DANIEL	MI	Contribution ID # 0545
Residential Street Address 68 Country Pl	City Shelton	State CT	Zip Code 06484
Principal Occupation ATTORNEY	Name of Employer LAW OFFICXE OF PHILIP MONAGAN		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 07/15/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name ALIMAN	First CHRISTINE	MI	Contribution ID # 0546
Residential Street Address 19 Washington Ave	City Seymour	State CT	Zip Code 06483
Principal Occupation MANAGER	Name of Employer PEOPLES UNITED BANK		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/15/2018	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
Kurt for CT	First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name SORENSEN	First DONNA	MI B	Contribution ID # 0547
Residential Street Address 80 Balance Rock Rd	City Seymour	State CT	Zip Code 06483
Principal Occupation MEDICAL ASSISTANT	Name of Employer OGMP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 07/15/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name WALDRON	First PAMELA	MI H	Contribution ID # 0548
Residential Street Address 24 Kathy Dr	City Seymour	State CT	Zip Code 06483
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 #		Date Received 07/15/2018	Aggregate Contributions \$10.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$10.00	

Last Name PRAJER	First STEPHEN	MI J	Contribution ID # 0535
Residential Street Address 10 Blackall Rd	City Milford	State CT	Zip Code 06460
Principal Occupation LAW ENFORCEMENT	Name of Employer TOWN OF SEYMOUR		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 07/16/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name ZUNCJA	First GEZIM	MI	Contribution ID # 0536
Residential Street Address 16 Dogwood Dr	City Seymour	State CT	Zip Code 06483
Principal Occupation MANAGER	Name of Employer ALBERTOS RESTAURANT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 07/16/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" 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
Kurt for CT	First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name MORENO	First MAUREEN	MI F	Contribution ID # 0537
Residential Street Address 173 Lantern Park N	City Southbury	State CT	Zip Code 06488
Principal Occupation DIRECTOR	Name of Employer WESTERN CT HEALTH NETWORK		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 07/16/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name WAINWRIGHT	First ANDREW	MI R	Contribution ID # 0538
Residential Street Address 38 Van Rensselaer Ave	City Stamford	State CT	Zip Code 06902
Principal Occupation SALES	Name of Employer EXPEDITORS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 07/16/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name GREEN	First ROBIN	MI 	Contribution ID # 0539
Residential Street Address 63 High Point Cmns	City Marlborough	State CT	Zip Code 06477
Principal Occupation OWNER	Name of Employer DISCOVERY ZONE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 07/16/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name CHEESEMAN	First HOLLY	MI H	Contribution ID # 0540
Residential Street Address 16 Mitchell Dr	City Niantic	State CT	Zip Code 06357
Principal Occupation EXECUTIVE DIRECTOR	Name of Employer CHILDREN'S MUSEUM OF SECT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 07/16/2018	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
Kurt for CT	First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name Giampaolo	First Justin	MI	Contribution ID # 0754
Residential Street Address 200 Barton St	City Torrington	State CT	Zip Code 06790
Principal Occupation Vice President Construction	Name of Employer Burlington 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 type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/17/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name GILCHRIST	First MATTHEW	MI	Contribution ID # 0533
Residential Street Address 27 Independence Cir	City Middlebury	State CT	Zip Code 06762
Principal Occupation DEVELOPER	Name of Employer EG HOME 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 07/17/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name RAMOND	First PAUL	MI J	Contribution ID # 0534
Residential Street Address 89 Burning Tree Dr	City Southington	State CT	Zip Code 06489
Principal Occupation FIN ADVISOR	Name of Employer FINANCIAL ADVISOR		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 07/17/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Total of Section B			\$2,600.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS			\$2,600.00

(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
Kurt for CT	First Weekly Supplemental Filing Primary - 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
Kurt for CT	First Weekly Supplemental Filing Primary - 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
Kurt for CT	First Weekly Supplemental Filing Primary - 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
Kurt for CT	First Weekly Supplemental Filing Primary - 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
Kurt for CT	First Weekly Supplemental Filing Primary - 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
Kurt for CT	First Weekly Supplemental Filing Primary - 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
Kurt for CT	First Weekly Supplemental Filing Primary - 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
Kurt for CT	First Weekly Supplemental Filing Primary - Amendment

J1. Event Information

Event # Date of Event	Letter	Description	Was this a fundraising event? Yes No
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Location: Street Address	City	State	Zip Code
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Was this event hosted at a personal residence?	Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
	No	

Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
	No	

Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes	(If yes, enter Total Receipts here.)
	No	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	First Weekly Supplemental Filing Primary - Amendment

J3. In-Kind Donations Not Considered Contributions

Name of the Donor

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

Total of Section J3	
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II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	First Weekly Supplemental Filing Primary - 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
Kurt for CT	First Weekly Supplemental Filing Primary - 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
Kurt for CT	First Weekly Supplemental Filing Primary - 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
Total of Section L				

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	First Weekly Supplemental Filing Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Kurt Miller		Date of Payment 07/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1032 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 18 Swan Ave		City Seymour	State CT	Zip Code 06483
Purpose of Expend RMB	Description Reimburse candidate expense			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$283.51
If yes, assign an Expenditure # and complete Itemization in Addendum				

Name of Payee Kurt Miller		Date of Payment 07/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1035 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 18 Swan Ave		City Seymour	State CT	Zip Code 06483
Purpose of Expend RMB	Description Reimburse candidate expense			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$62.37
If yes, assign an Expenditure # and complete Itemization in Addendum				

Name of Payee Kurt Miller		Date of Payment 07/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1037 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 18 Swan Ave		City Seymour	State CT	Zip Code 06483
Purpose of Expend RMB	Description Reimburse candidate expense			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$62.37
If yes, assign an Expenditure # and complete Itemization in Addendum				

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	First Weekly Supplemental Filing Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Kurt Miller		Date of Payment 07/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1038 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 18 Swan Ave		City Seymour	State CT	Zip Code 06483
Purpose of Expend RMB	Description Reimburse candidate expense			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 #	\$25.00

Name of Payee Kurt Miller		Date of Payment 07/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1039 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 18 Swan Ave		City Seymour	State CT	Zip Code 06483
Purpose of Expend RMB	Description Reimburse candidate expense			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 #	\$25.00

Name of Payee Anedot		Date of Payment 07/02/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expend CEP	Description			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 #	\$1,418.97

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	First Weekly Supplemental Filing Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 07/02/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expend WEB	Description online donation processing fee			Amount \$87.39
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 #	

Name of Payee JEREMY WEINBERG		Date of Payment 07/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1030 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 24 Ranch Rd		City Woodbridge	State CT	Zip Code 06525
Purpose of Expend Misc *	Description FUNDRAISING			Amount \$421.23
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 #	

Name of Payee NOAH SHERNOW		Date of Payment 07/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1031 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Shady Hill Rd		City Woodbridge	State CT	Zip Code 06525
Purpose of Expend Misc *	Description FUNDRAISING CALLS			Amount \$421.23
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
Kurt for CT	First Weekly Supplemental Filing Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee JOHN MARINI		Date of Payment 07/10/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1051</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 11 Hawley Dr		City Ansonia	State CT	Zip Code 06401
Purpose of Expend WAGE	Description TREASURER			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 #
				\$800.00

Name of Payee SHEILA OMALLEY		Date of Payment 07/10/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1052</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 37 Booth Ave Unit 7		City Oakville	State CT	Zip Code 06779
Purpose of Expend WAGE	Description ASST TREASURER			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$200.00

Name of Payee SPENCER RUBIN		Date of Payment 07/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1054</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 6 Warren Rd		City Woodbridge	State CT	Zip Code 06786
Purpose of Expend CNSLT	Description			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 type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$81.54

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	First Weekly Supplemental Filing Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Red November Strategies LLC		Date of Payment 07/12/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1053</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 6 Waren Rd		City Woodbridge	State CT	Zip Code 06525
Purpose of Expend Misc *	Description CAMPAIGN MANAGER CONSULTING			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 #
				\$750.00
Total of Section N				\$3,219.64

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT	
Kurt for CT						First Weekly Supplemental Filing Primary - Amendment	
O. Expenses Paid By Candidate							
Name of Payee (Name of vendor who candidate paid directly)					Date of Payment		Is Reimbursement Claimed?
Constant Contact					05/19/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			City		State	Zip Code	Amount
1601 Trapelo Rd Ste 329			Waltham		MA	02451	
Purpose of Expenditure (by code)	Description				Event #		Amount
WEB	MONTHLY FEE						
							\$62.37
Name of Payee (Name of vendor who candidate paid directly)					Date of Payment		Is Reimbursement Claimed?
EZ TEXTING.COM					05/19/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			City		State	Zip Code	Amount
1410 2nd St # 200			Santa Monica		CA	90401	
Purpose of Expenditure (by code)	Description				Event #		Amount
A-OTH	TEXTING						
							\$25.00
Name of Payee (Name of vendor who candidate paid directly)					Date of Payment		Is Reimbursement Claimed?
EZ TEXTING.COM					06/18/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			City		State	Zip Code	Amount
1410 2nd St # 200			Santa Monica		CA	90401	
Purpose of Expenditure (by code)	Description				Event #		Amount
A-OTH	TEXTING						
							\$25.00
Name of Payee (Name of vendor who candidate paid directly)					Date of Payment		Is Reimbursement Claimed?
OFFICER'S CLUB OF CT					06/25/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			City		State	Zip Code	Amount
360 Broad St			Hartford		CT	06105	
Purpose of Expenditure (by code)	Description				Event #		Amount
FOOD	Fundraising event in Hartford				06252018D		
							\$283.51

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Kurt for CT				First Weekly Supplemental Filing Primary - Amendment	
O. Expenses Paid By Candidate					
Name of Payee (Name of vendor who candidate paid directly) Constant Contact			Date of Payment 06/25/2018		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address 1601 Trapelo Rd Ste 329		City Waltham		State MA	Zip Code 02451
Purpose of Expenditure (by code) WEB	Description MONTHLY FEE			Event #	Amount \$62.37
Total of Section O					\$458.25

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Kurt for CT				First Weekly Supplemental Filing Primary - 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
Kurt for CT	First Weekly Supplemental Filing Primary - Amendment

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

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

Total of Section Q

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	First Weekly Supplemental Filing Primary - 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 (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kurt for CT	First Weekly Supplemental Filing Primary - 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